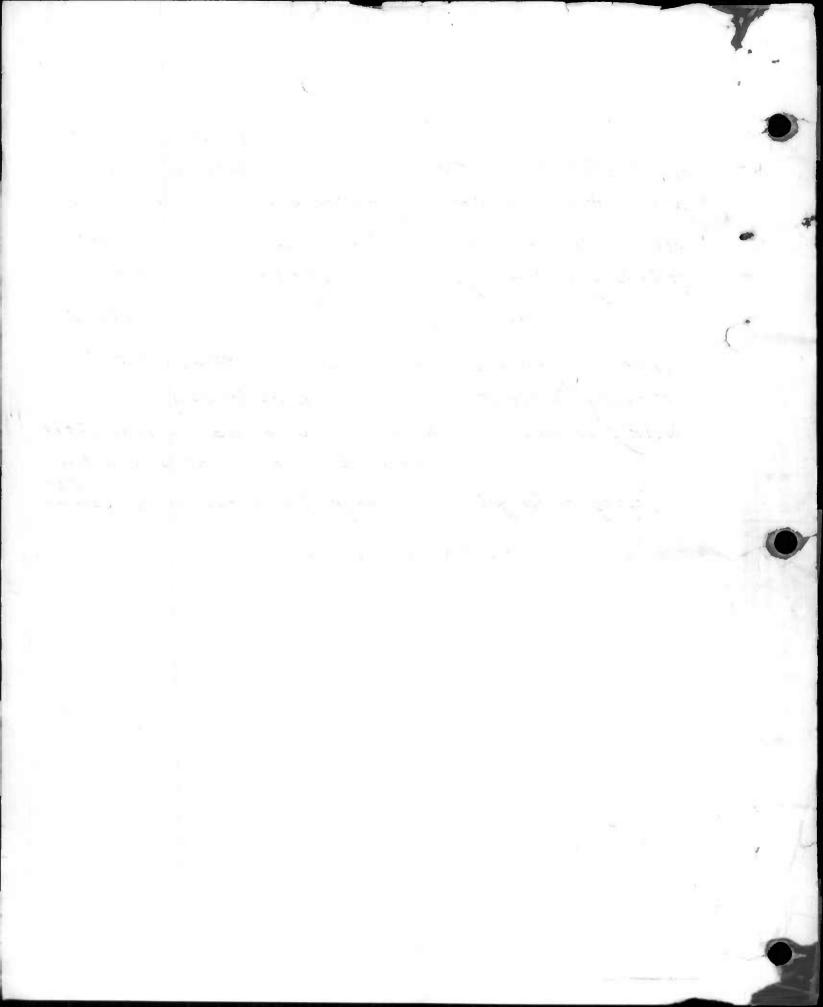
	s 1. 2	į	-30
TO THE HOSPITAL DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed written after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNES. DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Res 1, 2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremerion, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT			NTAL HYGIENI REG. NO.		0 12001
	1. DECEDENT'S NAME (First, Middle, Lust)	llishant				DATE OF DEATH	Q'E	3. TIME OF DEATH
		5. SEX 8. AGE (In yrs. last	birthday) IF UNDER			DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign ountry)
	812-38-8385	1×1 × × 2 □ F 84	YRS.	TOWN OR LOCATIO		3-31-0	96. COUNTY	Mo
HO.	WILSON HEALT			AITHEC.		>		STGOMERY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN O					10d. INSIDE CITY
		TGOMERY	GAITH	ERSBU				1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 401 RUSSEL	AVE		10f. ZIP CODE	877		10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVEN IN U.S. ARM FORCES? 1 YES 2 NO	4ED 13. V		F HISPANIC O	RIGIN? (Specify Yes	or No- 14. I	RACE — American Indian, Black, White, atc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES MACINE WI		YES 2 NO		, , , , , , , , , , , , , , , , , , , ,		WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a. DEC	CEDENT'S USUAL OC re kind of work done of Do NOT use retired.)	CUPATION luring most of workin	g	16b. KIND OF BUS	INESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ACM &	ERVICE		AL 6	OVERM	MENT
CO	17. FATHER'S NAME (First, Middle, Last)	1 /	,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			First, Middle, Malden	Surname)	
BE	HARLEY W	ISHART	MAILING ADDRESS	(Street and Number	Or Bural Bouts	HENR Number City or Four	Grate Zin Cod	inl
임	RUTH H. W.SI	GRET 4	10180	SELLAR	-	AITHERS	4	A sees
	20s. METHOD OF DISPOSITION 1	val from State 20b. PLACE C	OF DISPOSITION (Na	ne of cometery, crem		11	CATION — LITY 1 M D57	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		NAME AND ADDRES			MIST	140
	> Thoway W.	Haight	14	gight Fu	NERAL	Home L	Box 195	1
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	omplications that caused the dea ist only one cause on each line.	eth. Do not enter	the mode of dyl	ng, such as	cardiac or respi	ratory arrest,	interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	M Fa	iluse				Onset and Death
	readiting in death) a.	DUE TO (OR AS A CONSEQ	UENCE OF):		1	/.		
NO.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	UENCE OF):	NCAINC	lun	g dis	eus.	e 8 years
CA	CAUSE (Disease or injury	OUE TO (OR AS A CONSEQ	HENCE OF:					
CERTIFICATION	that initiated events resulting in death) LAST							
AL C	PART II. Other significant conditions		esulting in the un	derlying cause (jiven in Par	t i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
DIC	(Alzheimer:	s disease				1 TYES 2		COMPLETION OF CAUSE OF DEATH?
Σ.						-		1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	QTHE	26. PLACE OF D	EATH (Check of	only one)		
IASI		1 ☐ Inpetient 2 ☐ ER/Outpetient 3 28s. DATE OF INJURY		ing Home 5 Re		Other (Specify)	WILLIEN OCCUR	FO
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?		, , , , , , , , , , , , , , , , , , , ,		
	S Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fact	ory, office	28	f. LOCATION (Street a City or Town, State)	and Number or F	lural Route Number,
COMPLETED	one)	IAN: To the best of my knowledge, dec						
	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of examination and/or is	investigation, in my o					
BE	The state of certain	Y Mons	m m		723]	▶ 4.	SNED (Month, Day, Year) - 19-9 ()
6-	James R. Mor		_	s Aux (South	hersloure	m	d. 20877
	31. DATE TAPTI Month, Day You	32. BEGISTHAR'S SIGNATURE Julia Davidson Ra					-	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jus after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 fould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYI	LAND / DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYGIENE
	CERTIFICAT	E O	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E		
- 12	1, DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		72	3. TIME OF DEATH
- 6		FREDERICK	RICHAR	D	WALLIS	MONTH	ril 9	. 199	YEAR O	9:30 P. M
e 11	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN Day, Year)			LACE (State or Foreign
	577-05-5268 9a. FACILITY NAME (If not institution, give	1 ⊠ M 2 □ F 8(HOURS MIN.	JUNE	19,1			SYLVANIA
œ	and the control of the control		96.					.,		
DIRECTOR	St. Mar	y's Hospital		Leo	nardtown			St,	Maı	y's
JEC	10a, STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCA	TON					10d. INSIDE CITY LIMITS?
5	MARYLAND ST	. MARY'S	C	OLTONS	POINT			1 TYES 2X NO		
AL	10e. STREET AND NUMBER	-		10	ZIP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
E	GENERAL DELIVER	L DELIVERY, RT. #242 20626							USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married	COMPAND A COMPAN					or No	14. RACE Black,	- American Indian, White, stc.	
BY	3 Wildowed 4 Divorced	W.W.II			2X NO Specify				Specify	ITE
ED	15, DECEDENT'S EDI		16a. DECEDENT'S USU	AL OCCUPATION	NA .	16h 1	UND OF BUS	INESS/IND		TIE
	(Specify only highest grad	e completed)	(Give kind of work	done durina ma		100.	GIND OF BUS	III4E 337 II4D	OSINI	
7	Elementary/Secondery (0-12)	College (1-4 or 5+)	BUYER				RETAI	0.00	TR	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		DOTER		18, MOTNER'S NA				IKL	
	JAMES F. WALLI	S			MARY .	I. RE	ттн			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	RESS (Street	nd Number or Rural I	-		n, State, Zip	Code)	
언	MARGARET M. WALL	IS	GENERAI	DELI	VERY. COL	LTONS	POIN	T. MA	RYLA	ND 20626
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rer	20t	. PLACE OF DISPOSITIO	N (Name of ce	netery, crematory or		_	CATION		
9	4 Donation 5 Other (Specify)	HOVEL HOIR STATE	CHARLES 1	MEMORI	AL		LE	ONARD	TOWN	, MD.
	21. SHORKTHEN OF FUNERAL BERYOPE L	icess //			ND ADDRESS OF FA		HOME			
	200 and 11 1	newhol	/4		BOX 279,			LTNT IM	מו	0650
	23. PART I. Entar tha diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or								Approximate Interval Batween Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING	b	A CONSEQUENCE OF):		<u> </u>					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
BY PHYSICIAN: MEDICAL (PART II. Other significant condition	ons contributing to death b	out not resulting in the	e undertyln	g causa given in		24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. D	LACE OF DEATH (Ch	eck only one)		1	
Sici	EXAMINER?	HOSPITAL:	nationt 3 DOA 45	HER:	ne 5 🗆 Residence					
H	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. IN	JURY AT		RIBE NOW I	NJURY OCC	CUREO	
/ P	1 Natural 5 Pending	(Month, Day, Year)	INJURY		YES 2 NO					
							oute Number,			
COMPLETED	29a, CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know	ledge, death occurred a							and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI			29d. DAT	E SIGNED	(Month, Day, Year)
		1			0199	117		A	1/0	190
10	4	HO COMPLETED CAUSE OF OR	M.D. L		town. Md	. 206	50		,	
	31. DATE FILED APR 1 2 '90		NATURE Son-Randell			-4			,	

deliki ac

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he flunt within 72 hours after death with the State Dest. of Health and Mental Horiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after dea	y the fu	cal exa
- nours	lled in b	med!
vithln 2	pletely fi	ent, the
ecuted v	nd comp	stic ev
te be ex	sician a	traum
certifical	ding phy	other
ne death	the atten Mental F	luny, o
s that th	ned by 1	any in
require	been sig	shows
The law	nte has	em 23
SICIAN:	certifica the St	or it
IG PHY	ter this	narked
TENDIN	TDR: Aft	28 Is r
L OR AT	DIRECT POURS	llem .
OSPITAL	UNERAL	NAT: II
TO THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the flux within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burlal, premaition, or removal.	IMPORTA

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTA	L HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, La.	William	Wat	ievs	2. DATE MONTI	OF DEATH	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 148-26-5088	5. SEX 6. AGE	(In yrs. last birthday) F UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.		h, Day, Year)	BIRTHPLACE (State or Foreign Country)
oo. FACILITY NAME (If not Institution, given Peninsula General			ity, town or location of the Lisbury, MD	DEATH	9c. COUNT Wicom	Y OF DEATH 11CO
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NITY ET	1 01	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	Change 1	11	ANCE VIIA	1-	10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Obvorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	I3. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 NO Spec	en, Puerto		4. RACE — American Indian, Black, White, etc. Specify:
15, DECEDENT'S E (Specify only highest gr Elementary/Second(f) (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use relige	ne during most of working	186	. KIND OF BUSINESS/INDU	
7 7 17. FATHER'S NAME (First, Middle, Last)	-11/	LABO	OFEF 18. MOTHER;S,N	AME (First, I	WATERN Middle, Maiden Surname)	nan
19a. INFORMANT'S NAME (Type/Print)	ATTHEW W	ATEPS	Ses (Street and Number or Rura	Pr	ICE ber, City or Town, State, Zip O	onto Cal V an
Ella Wind	Er	Rt-20	DUETBrook	Dei	IK BOX83	8B 21801
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)		other place) A	ICE MA, C	St.	ES CHANCE	Md. 21816
21. BIGHATURE OF POWERAL SERVICE	E- Ware	12:	22. NAME AND ADDRESS OF F	ACILITY	e. Princes	s Anne m
23. PART L Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	d the death. Do not en each line.	ter the mode/of dying, au	ch aa can	diac or respiratory arre	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	A CONSEQUENCE OF):				
resulting in death) LAST	d		1800			
PART II. Other aignificant condit	lons contributing to death (out not reaulting in the	underlying cause given i	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 — YES 2 — NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
						1 Tes 2 No
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C			
1 TYES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	-	or (Specify) SCRIBE HOW INJURY OCCU	IRED
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not		INJURY N	1 1 160 2 100	201 1.00	ATION (Street and Number o	- Coral South Mumber
4 Homicide 6 Could not determined	building, etc. (Spe	clfy)			or Town, State)	Plumin Pilotte Patrition,
one)	IYSICIAN: To the best of my know					
29b. SIGNATURE AND TITLE OF CERTI		MA	29c. LICENSE N	UMBER	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DI	4	eAl Haspita	1/2	HISBURY, 1	Ma 2/861
31. DATE FILED (Month, Day, Year) APR - 9 'YU	32. REGISTRAR'S SIG	Wasen-Handell	CAT HOSPITA		MISBURY, 1	1141

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		CERTIFI	CALE	OF I	JEATH	REG. NO		
1. DECEDENT'S HAME (First, Middle, Last)	11111-0					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	WATER					04 1	4 90) 10:46 PM
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	. 0	BIRTHPLACE (State or Foreign country)
220-12-1045	1 M 2 DF	9 YRS.				2-4-2	/ 3	also bury, md,
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN OR	LOCATION OF D	EATH	9c. COUNTY	OF DEATH
A+#2 BOX 772 RC	biNSON Stee	t-Salisbury	.5	ali	bury		Nicor	nio
10e. STATE 10b. COUNTY	,	10c. CIT	, TOWN O	A LOCATIO	ЭН /			10d. INSIDE CITY
	onico	Jul	woon		md.		-	LIMITS?
100, STREET AND NUMBER RH#2 Box 698	Brily Las	n/	/		ZIP CODE		10g. CITIZEH	of what country?
11. MARITAL STATUS	12. WAS DECEDENT EVER	I IH U.S. ARMED	13. V			NIC ORIGIN? (Specify Ye	e or No- 14.	RACE - American Indian.
1 Never Merried 2 Married	FORCES? 1 YE		H	yes, spec	Ify Cuban Mexic	en, Puerto Rican, etc.)		Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR ON	DATES	'	☐ YES 2	NO Speci	ny:		Specify: BIK
15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	vork done d	CUPATION	of working	16b, KIHD OF BU	SIHESS/IHDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	/	Whater	_		
17. FATHER'S HAME (First, Middle, Last)			71143		16. MOTHER'S N	AME (First, Middle, Maider	Surname)	
Virgil Handy	Harmon				A dell	1 Johnso	. 11	armon
19e, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street en	d Number or Rurei	Route Number, City or Tox	vn, State, Zip Cod	(a)
Timothy Wate	<u> </u>	RITO	2 6	ex 60	2/ Bar	by Line -	Jalist	
20e. METHOD OF DISPOSITION 1 Description D	oval from State	other place)	1711	m	otory, cromatory or,	20c. LG	CATION - City	or/fown, State
21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE	7			1	ACILITY	111	1110
D. N.	1		1	LEW!	5 N- h	Salis buy	md.	21801
23. PART I. Enter the diseases, or	complications that cour	ed the death. Do n						Approximate
ahock, or heert fallure.	List only one cause on	each line.			200 - 74 7 2-3			Interval Between
IMMEDIATE CAUSE (Final disease or condition	Maline	1. 0.						Onset and Daath
reaulting in deeth)	1/18tas1a	ru larc	mos	na	*			
	Metasta Due to cor As Blacket	S A CONSEQUENCE OF	r):					
Sequentially list conditions,	b. Stacket	S A CONSEQUENCE OF	nor	na				'
if any, leeding to immediate cause. Enter UNDERLYING	DOL TO (ON A	S A CONSEQUENCE OF	·).					
CAUSE (Disease or Injury	C	S A CONSEQUENCE OF						
thet initiated events resulting in death) LAST	DOE TO (ON A:	S A CONSEQUENCE OF	r):					
	d							1
PART II. Other aignificant condition	a contributing to deeth	but not resulting	In the un	derlying	cause given i	Part I. 24a. WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS
						1 _ YES	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						' '	ZZNO	OF DEATH?
								T TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					CE OF DEATH (C	theck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpetient 3 🗆 DOA	OTHER		5 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yes		E OF	28c. INJU WOR	RY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	(month, pay, 10th	, in	М		ES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF IHJU building, atc. (S	IRY — At home, ferm,	atreat, fact	ory, office		281. LOCATION (Street		Rural Route Number,
4 Homicide datermined	warrang, area (o	r - e11				City or Town, State	"	
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kn	owiedge, death occurr	ed at the ti	lme, date i	and place, and du	is to the cause(s) and m	enner as stated.	
anal .								nuse(s) and menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)
Toppredent	m				D29	105	1 4/	18/90
30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	1	1	ha d	2,00/		1
31. DATE FILED (Magrip, Day, Year)	32 AREGISTRAR'S W	PATURES TO	lan	ia.	, pria	21826		
APR 18'90	32 DEGISTRAR'S OF	anaelle						

1. OECEOENT'S NAME (First, Middle, Last)						DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
	Doris Rosam					4	23	90	10:25
4. SOCIAL SECURITY NUMBER	/	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	MIN.	DATE OF BIRTH (Month, Day, Yea	r)	Country	,,
018-17-8602	1 D M 2 12 F 93	YRS.				2/29/11			achuser
Se. FACILITY NAME (If not institution, give stre	Service Committee Committe		9b. CITY, TOWN I		OF DEATH			NTY OF D	
Citizen's Nursing	Home		Frede	W.CR			the	deric	ck .
10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY
Marijland Frede	rick	Fice	derick						1 YES 2 N
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
2200 Rosemont Ave	nue			21701				ISA.	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS OECEDENT EVER IN U	2 NO	13. WAS OEG	CENDENT OF	HISPANIC C Mexican, Pr	ORIGIN? (Specifican, etc.)	y Yes or No—	14. RACE Black	— American Indian c, White, atc.
Widowed 4 Divorced	FORCES? 1 YES	ES	1 TYES	2 NO	Specify:	•		Speci	white
15. DECEDENT'S EDUC	ATION 1	6a. OECEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF	BUSINESS/IN	DUSTRY	WILLIAM
(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	ork done during me	ost of working					
Eletinorical y Secondally (0-12)	Conege (1-4 of 5 +)	Н	ousewik	0					
17. FATHER'S NAME (First, Middle, Last)			V CO.C.II	_	R'S NAME ((First, Middle, Me	ilden Surname)		
Charles W. Sm	i th			Anı	na Ha	thawau			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street					p Code)	
Doris Salzman		8408	Stone H	ouse 1	Road.	Friede	rick. 1	AD 2	21701
00 METHOD OF DISPOSITION Burlal 2 Cremation 3 Remo	20b. F	PLACE OF OISPOS	ITION (Name of ce	metery, cremat	tory or	200	LOCATION -	City or To	wn, State
4 Donation 6 Other (Specify)		Pec	khan We				ew Bedi	ford,	Mass
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Len	Pec	22. NAME A	NO ADORESS	819,	Stau Freder	ffer Fi	unera	1 Homos
4 Donetton 6 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or co	ENSEE Len	Pec	22. NAME A	NO ADORESS	819,	Stau Freder	ffer Fi	unera	1 Homos
23. PART I. Enter the diseases, or cahock, or heart failure. L	omplications that caused to	Pec	P.O.	Box 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or cahock, or heart failure. 1	omplications that caused to	Pec the death. Do noth line.	P.O. not enter the me	Box 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or cahock, or heart failure. L	omplications that caused to let only one cause on each	the death. Do not line.	P.O. not enter the me	Box 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or contained the condition of the conditions of the condition of th	omplications that caused to list only one cause on each of the cause of th	the death. Do not line.	P.O. oot enter the mo	Box 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or canock, or heart feliure. I	omplications that caused to let only one cause on each due to (OR AS A C	the death. Do not line.	P.O. oot enter the mo	Box 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or canock, or heart failure. LimmeDiaTe CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate	omplications that caused to list only one cause on each of the cause of th	the death. Do not line.	P.O. oot enter the me	BOX 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART i. Enter the diseases, or cahock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in dash) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	the death. Do not line.	P.O. oot enter the me	BOX 18	3 OF FACILITY STATES	Stau Freder a cardiac or i	ffer Fi	unera	1 Homes,
23. PART I. Enter the diseases, or cahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COULT TO (OR A	the death. Do not line.	22. NAME A P.O. ot enter the me	Box 18 ode of dyln	819, g, auch au	Stau Freder a cardiac or r	ffer Frick, M	unera D 2J	Approximation interval Be Onset and IO Was
23. PART I. Enter the diseases, or conshorts and the service Licin between the diseases, or conshorts, or heart failure. Limited the service Licin between the diseases, or conshorts, or heart failure. Limited the service of the ser	DUE TO (OR AS A COULT TO (OR A	the death. Do not line.	22. NAME A P.O. ot enter the me	Box 18 ode of dyln	819, g, auch au	Stau Freder a cardiac or r	ffer Fi	unera D 2J	Approximatinterval Be Onset and LO LL.
23. PART I. Enter the diseases, or cahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COULT TO (OR A	the death. Do not line.	22. NAME A P.O. ot enter the me	Box 18 ode of dyln	819, g, auch au	Stau Freder a cardiac or r	ffer Fi	unera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or canock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COULT TO (OR A	the death. Do not line.	22. NAME A P.O. ot enter the me	Box 18 ode of dyln	819, g, auch au	Stau Freder a cardiac or r	ffer Fi	unera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or can shock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COULT TO (OR A	the death. Do not line.	22. NAME A P.O. ot enter the me	Box 18 ode of dyln	819, g, auch au An ven in Par	Stau Freder a cardiac or r FS 7	ffer Fi	unera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or cannot be an abock, or heart failure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	OME TO (OR AS A CONTRIBUTION OF TO	Pec the death. Do not line. CONSEQUENCE OF CONSEQUENCE OF the not resulting in	22. NAME A P.O. ot enter the me p.o. other the me	BOX 18 Dode of dyln CO The color of the co	B 19, g, auch au ATH (Check	Stau Freder a cardiac or r FS 7	ffer Fick, M ick, M eapiratory at	unera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or cahock, or heart failure. Limited and the service Licitation of the service Licitation	DUE TO (OR AS A COUE TO	Pec the death. Do not line. CONSEQUENCE OF CONSEQUENCE OF the not resulting in the line is a consequence of the not resulting in the line is a consequence of the not resulting in the line is a consequence of the line i	22. NAME A P.O. ot enter the me p.o. other	BOX 18 BOX 18 Dode of dyin Compared to the second secon	S OF FACILITIES S OF FACILITIE	Stau Freder a cardiac or r FS 7	ffer Fick, M ick, M eapiratory at	onera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or cahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	OME TO (OR AS A CONTINUE TO	Pec the death. Do not line. DO PU Consequence of consequence of t not resulting if	22. NAME A P.O. P.O. Tot enter the me The property of the p	BOX 18 BOX 18 Dode of dyin Code of dyin Code of dyin React of DE. The 5 - React of Reac	S OF FACILITIES S OF FACILITIE	Stau Freder a cardiac or r FS 7	ffer Fick, M ick, M eapiratory at	onera D 2J	Approximatinterval Be Onset and Onse
23. PART I. Enter the diseases, or canock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	OMBICATIONS that caused a List only one cause on each list only one cause on each list only one cause on each list only one to (OR AS A CO). OUE TO (OR AS A CO)	Pec the death. Do not line. CONSEQUENCE OF CONSEQUENCE OF t not resulting in the line in	22. NAME A P.O. P.O. Tot enter the me Total and the me Total a	Box 18 Dode of dyin The property of the prop	S OF FACILITIES S OF FACILITIE	Stau Freder a cardiac or a CFS 7 It i. 24a, Wh PE Only one) Other (Specify ad. DESCRIBE H	Ffer Fick, Michael Manager All Manager And Autropsys RFORMED? Es 2 No	24b	Approximatinterval Be Onset and Conset and C
23. PART I. Enter the diseases, or canock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	OMPICATIONS that caused it list only one cause on each list only one cause on each list only one cause on each list only one to (OR AS A CO). OUE TO (OR AS A CO). OUE TO (OR AS A CO). OUE TO (OR AS A CO). It is a contributing to death but list one contribution contributing to death but list one contribution contrib	Pec the death. Do not line. CONSEQUENCE OF CONSEQUENCE OF t not resulting in the line in	22. NAME A P.O. P.O. Tot enter the me Total and the me Total a	Box 18 Dode of dyin The property of the prop	S OF FACILITIES S OF FACILITIE	Stau Freder a cardiac or r CS 7 Ttl. 24a, Will PE 1 Yi	Ffer Fick, Michael Manager All Manager And Autropsys RFORMED? Es 2 No	24b	Approximatinterval Be Onset and Conset and C

cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Check only one)								
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient		DIHE	8 Other (Specify)						
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28c, INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 8 Could not be detarmined	28e. PLACE DF INJURY — At building, etc. (Specify)	home, farm, st	wet, fa	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and man D-31912 29d. DATE SIGNED (Month, Day, Year)

> 04 - 24 - 70 29b. SIGNATURE AND TITLE OF CERT

S

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

TULIO ME POCKT - 516 TRAIL MEDERILY, and JULIO

31. DATE FILED (Morith, Day, Year)
APR 24 1990

32. REGISTRAR'S SIGNATURE

OHMH-18 Flev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.

Les filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CE	RTIF	CATE C	F D	EATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	DAY	YEAR	3. TIME OF DEATH
EVA	М.	WIL	SON				MONTH	ril	19,	90	9:35 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		UNDER 24 HRS		Day, Ybar)		-	HPLACE (State or Foreign
212-20-2181-A	1 M 2 F	64	YRS.	MONTHS DA	YS HO	DURS MIN.	May	21.	192		ryland
9a. FACILITY NAME (if not institution, give st	reet and number)			9b. CITY, TO	WN OR L	OCATION OF		22/		UNTY OF E	
10709 Shaftsb	ury St.			Kens	inc	ton			Mo	ntgo	mery
10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR LO	DCATION						10d. INSIDE CITY
	tgomery		K	ensir							LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					101. ZIP	CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
10709 Shaftsb						2089				U.S.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AR	MED IO				PANIC ORIGIN' Ican, Puarto R		a or No-	14. RACI Blac	E American Indian, ik, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 🗆	YES 2	NO Spe	elfy:			Spec B1	ack
15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	18a. DE	CEDENT'S	USUAL OCCU	PATION	undina	16b.	KIND OF BU	JSINESS/II		
Elementary/Secondary (0-12)	College (1-4 or 5 a	·) life.	Do NOT use	ork done durin e retired.)	y most or	working					
11th Grade			Hous	ewife	2			Non	e		
17. FATHER'S NAME (First, Middle, Last)					18	. MOTHER'S	NAME (First, N	fiddle, Malder	n Surname)		
	Gaither			meder)			ry	Kel			
19a. INFORMANT'S NAME (Type/Print) Mr Charles E. W.	(Husban ilson	a) I					St.				3/1.2
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	ITION (Name of	of cometer	ry, crematory	SI.	20c. L	OCATION -	- City or To	own, Stata
Donation 5 ☐ Other (Specify)	oval from Stata	other pl	nce)	rial				San	dv :	Spri	ng, Md
21. SHIRACURE OF FUNERAL SERVICE LIC	ENSEE /			22. NAN	E AND A	ADDRESS OF	FACILITY				
CHURCH R.	Hun	mle.	_				NERAI			-	ILLE, MD
23. PAHT I. Enter the diseases, or o	emphications the	t caused the de	ath. Do n	ot antar the	mode	of dying, a	uch aa card	isc or rest	piratory e	orrest,	Approximata
shock, or heart fallure.	List only one cau	se on each line									Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	C O.	a	un la	utla.		e					144.400
resulting in death)	DUE TO	(OR AS A CONSE	DUENCE OF	Jan.	VV. 0						TOWEST.
	Dono	ention	110	mit	fa	Lur	ب				15 chs
Sequentially list conditions, if any, leading to immediate	DUE TO	R AS A CONSE	DUENCE OF	7):		. <					
cause. Enter UNDERLYING CAUSE (Disease or injury	Hype	Leurs	in	Heri	K	Dis	evse	ب			years
that initiated events	pul 10	OR AS A CONSE	DUENCE OF):							4
reaulting in death) LAST	d	<u> </u>									
PART II. Other significent condition	s contributing to	deeth but not i	esulting i	n the under	lyina cr	euse diven	in Part I.	24a, WAS A	N AUTOPS	V 24	b. WERE AUTOPSY FINDINGS
artero Schere								PERFO	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0.					-68 (Cea	ore.	1 TYES	2 NO		OF GEATH?
multiple Co	whait	Jaron	COPI				- 1				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					A DI ACE	E OF DEATH	Check only on	n1			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ pos	OTHER:							
27. MANNER QE-DEATH	28a. DATE OF		28b. TIMI	E OF 284	. INJURY		28d, DES	CRIBE HOW	INJURY C	CCURED	
1 Natural 5 Pending	(Month, E	ley, Year)	INJ	URY	WORK?	2 NO					
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At he	me, farm, s			- (3	281, LOC	ATION (Street	t and Numl	ber or Rural	Route Number
4 Homicide 8 Could not be detarmined	building,	etc. (Specify)						or Town, State			, , , , , , , , , , , , , , , , , , , ,
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	d at the time.	data and	d place, and	tue to the cau	me(a) and m	anner as a	tated	
one)											(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	3 1				29	C. LICENSE	UMBER		294.0	ATE SIGNE	O (Month, Day, Year)
1/10	sole 1	NO.					602		•	4/20	19
to	O COMPLETED CAU	SE OF DEATH (ITE	, , , ,		1	6	. 4		Va-	al . =	L (11)
31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE		0400) (onv	1. /	ve, I	en	sing	m wa
APR 2 0 '90	Gulia Da	vidson-Ran	delle							·	

3. TIME OF DEATH 11:00

8. BIRTHPLACE (State or Foreign Country)

YEAR

1990

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FLORENCE W.

WALSH

20

'90

ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

whia Davidson-Randell

		4. SOCIAL SECURITY NUMBER		5. SEX		yra. last birthday)	IF UNDER	1 YEAR	HOURE	MIN.		OF BIRTH		Country)	MCE (State or Foreign
1		047-14-3673		1 M 2 T	8.	5 YRS.	- WONTING	Detro	noone			3-1904		New Y	ork
		9e. FACILITY NAME (If not institution	, give st	reet and number)			96. CITY	TOWN	OR LOCATI	ON OF O	EATH		9c. COUNT		
(=1	DIRECTOR	Hillhaven Nur		g Home			Ad	elph	ni,				Pri	nce (George
~	严	10e. STATE 10b. (COUNTY			10c. CI1	Y, TOWN	R LOCA	TION					10	d. INSIDE CITY LIMITS?
2	ä	Maryland M	onto	gomery		Si	lver	Spr	ing					13	XYES 2 NO
E	A.	10e. STREET AND NUMBER							1. ZIP COD	Ε			10g. CITIZE	N OF WHA	T COUNTRY?
nsit	E	3605 South Le	isu	re World	Blvd			2	0906				Unit	ed St	ates
physician. burial-transit permit.	FUNERAL	11. MARITAL STATUS		12. WAS DECEDE	T EVER IN	J.S. ARMED		WAS DEC	CENDENT (OF HISPA		N? (Specify Yee		4. RACE -	American Indian,
	BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	d	FORCES?		2 NO ES			2 KMO			Rican, atc.)		Specify:	White
as as	0	15. DECEDENT			- 1	ISA. DECEDENT'S	USUAL O	CCUPATI	ON		16	b. KIND OF BUS	SINESS/INDU	STRY	
_ =		(Specify only higher Elementary/Secondary (0-12)	st grade	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	oat of worki	ng					
hospital or ached for u	ם	10 years				Secret	arv					Privat	e Ind	ustry	7
the hospital of detached for once.	COMPLETED	17. FATHER'S NAME (First, Middle, L.	ast)						18. MOT	HER'S NA		Middle, Maiden		4001	
3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		John Weis							Pa	ulin	le l	Mever			
retained 5 should notified	BE	19e. INFORMANT'S NAME (Type/Prin	nt)			19b. MAILING	ADDRES	S (Street				nber, City or Town		(ode)	-
	5	Edmund J. Wa	lsh			1291	7 Fo	rest	. 17i o	to Dr	-1110	Beltsv	1110	БМ	20705
page page		20e. METHOD OF DISPOSITION			20b. F	PLACE OF OISPO							CATION - CI		
e 6 may ector, pa		1 Description 1 Description 2 Description 2 Description 5 Description 3		ovel from State	(other place)	- i								
0 0 -		21. SIGNATURE OF FUNERAL SERV		ENSEE	Ga	te of H					CILITY	al Hom	ver S	princ	Maryland
death. Pag funeral di examiner		10 00	11	0	14				_						
wal. to de	- 1	Nonald	0	D who	man.										Md. 20705
urs after of filled in by the on, or removal.		23. PART I. Enter the disease ahock, or heart for	s, or c	complications the	et coused t	the death. Do	not enter	the me	ode of dy	ing, suc	ch aa ca	rdiec or reapi	ratory arre	st,	Approximata interval Between
Pa o E		IMMEDIATE CAUSE (Final		_		0			4	0.	0	b *			Onset and Death
		disease or condition resulting in death)		PY	phon	rle in	410	Car	dia	1	1117	rotio	<i>N</i>		
		todatting it county		DUE TO	OR AS A	CONSEDUENCE (P):				1				
and com burial,	z			b	_										
e be execute sician and c rior to burit traumatic	CATION	Sequentially list conditions, if any, leading to immediate		DUE TO	OR AS A C	CONSEQUENCE (OF):								
ate be prior prior	3	cause. Enter UNDERLYING CAUSE (Disease or injury	₹ .	C											
eath certificate be attending physician ratal Hygiene prior to y, or other traun	CERTIF	thet initiated events		OUE TO	OR AS A	CONSEGUENCE (OF):								
th certification of other	ER	resulting in death) LAST		d											
. 0 . 0 =		PART II. Other algorificent co	ndition	a contribution to	o death but	t not resulting	In the m	odorbie	20 00000	olven In	Dort I	24s. WAS AN	ALITOPEY	1 245 W	ERE AUTOPSY FINDINGS
- 22 -	MEDICAL					t not road ting		шин	ng outdoo	givon ii		PERFOR		A	MILABLE PRIOR TO OMPLETION OF CAUSE
5 35 6	ă	<u> </u>										1 TYES 2	□ NO		F DEATH?
v requires been sign t. of Heal														1	YES 2 NO
23 by	CIAN:														
a se s	C	25. WAS CASE REFERRED TO MED EXAMINER?	ICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only	one)			
SICIAN: certifica h the Sta	YSI	1 TES 2 NO		1 Inpetient 2	☐ ER/Outpet	tlent 3 DOA		rsing Ho		Pesidence	6 🗆 Ott	er (Specify)			
PHYSIC this ce with the trick.	PHYSI	27. MANNER OF DEATH		26e. DATE D (Month,	F INJURY Day, Year)	28b. TI	ME OF		JURY AT ORK?		28d. DI	ESCRIBE HOW I	NJURY OCCI	JRED	
DING PHYSI After this c death with s marked,	BY	1 Netural 5 Pendir 2 Accident investi					М	1 🗆	YES 2	□ ND					
F de Al	0	3 Suicide 6 Could			OF INJURY - , etc. (Specify	— At home, farm,	street, fac	tory, offi	ce		26f. LO	CATION (Street of or Town, State)	end Number o	or Rural Rou	te Number,
OR ATTENDING PHYSICIAN. DIRECTOR: After this certific hours after death with the S tem 28 is marked, or I	E	4 Homicide determ	ined												
	2	290. CERTIFIER 1 CERTIFYING	PHYS	CIAN: To the best of	of my knowle	dge, death occur	red at the	time, dat	a and plac	e, end du	e to the c	suse(e) end me	nner ee state	d.	
THE HOSPITAL THE FUNERAL filed within 72 t	COMPLETE	anal anny													nd manner ee stated.
FUN With		29b. SIGNATURE AND TITLE OF CI				The -				CENSE NU					fonth, Day, Ybar)
을 일 목	BE	Alexan	1	1/Ch.	mall	40			7	24	Di	,	D 6	4-10	7-90
668₹	0	200-10-1	10	- COV	7770	-(1)			10	U	TTL	_	1		1 /

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. OATE OF OEATH MONTH

19.

OHMH-16 Rev 1/89

2	4	2	ч	DG BB
	1	1	1)

	REGISTRAR		CERTIF	CATE OF	DEATH	RI	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	3. TIME OF DEATH
	GEORGE 5	WILKI.	MIS			APRUL	13 A	1990 1704 M
	4. SOCIAL SECURITY NUMBER		IGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTHPLACE (State or Foreign
	Unavailable	1 M 2 F	81 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day	(, Year)	Country) New York
~	9a. FACILITY NAME (If not institution, give atre				OR LOCATION OF DE			UNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 108. COUNTY	ENTIST K					Mo	NTGOHERY
2				, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
		gomery	Gai	thersbu				1X YES 2 NO
FUNERAL	18700 Walkers Cho:	ice Road		.10	20879		10g, CI	USA
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	VIC ORIGIN? (Sp	pecify Yea or No-	14. RACE — American Indian,
BY F	1 Never Married 2 1 Married 3 Wildowed 4 Divorced	FORCES? 1 1	PR DATES A		pecify Cuban, Mexica S 2 🔯 NO Specify		, etc.)	Black, White, etc. Specify: White
0	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIN	D OF BUSINESS/IN	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	(Give kind of v	vork done during m e retired.)	ost of working			
립	12		Quality	Contro	1	Uni	ted Stat	tes Air Force
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Surname)	
	Harry Wilkins				Mary	O'Brie	n	
BE (19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	Ity or Town, State, 2	Cip Code)
5	Joan Ann Meyers		4030	Ellicot	t St.,Ale	xandri	a, Va. 2	22304
	20a. METHOD OF DISPOSITION \$\times \times	uni from State	20b. PLACE OF DISPOS other place)				20c. LOCATION -	- City or Town, State
	4 Donation 5 Other (Specify)	ver Holli State	St. Charl	es Ceme	tery		Long Is	sland, New York
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	10	22. NAME /	AND ADDRESS OF FA		Vol Fune	eral Home
	John 1-	Della	el	2222	Wisconsi			ashington, D.C.
	23. PART It Enter the disesses, or co	omplications that ca	used the death. Do r	not enter the m	ode of dying, suc	h se cardiac	or respiratory s	
	shock, or heart failure. L	ist only one cause i	on each line.					Interval Between Onset and Death
	disesse or condition resulting in desth)	140	Lasta	the	Call	ella	ua pr	857ati
		DUE TO (OR	AS A CONSEQUENCE OF	1 1.		01	1011	7,000
N	Sequentielly list conditions,	Ca	MUN	null	Mary	al	un	2 your
AT I	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE	η:	0			
5	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF	Fit:				
CERTIFICATION	thet initieted events resulting in death) LAST			,				
CE		•						
MEDICAL	PART II. Other significant conditions	contributing to dea	th but not resulting	in the underlyl	ng cause given in	Part I. 24a	PERFORMED?	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8						10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?
ME						_		1 TYES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. (OTHER:	PLACE OF DEATH (CA	eck only one)		
YSI	1 TYES 2 X NO	tx kinpatient 2 □ ER	Outpatient 3 DOA		me 5 🗆 Residence	6 Other (Sp	ecify)	
H	27. MANNER OF DEATH	28a. DATE OF INJI (Month, Day, Y		URY W	JURY AT	28d. DEŞCRIE	BE HOW INJURY O	CCURED
ВУ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
ED	3 Suicide 6 Could not be determined	26e. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	street, fectory, off	ice	281. LOCATIO City or To	N (Street and Numb wn, State)	per or Rural Route Number,
ETE								
COMPLET			knowledge, death occurr					
S	2 MEDICAL EXAMINER	: On the basis of systm)	petion end/or investigation	on, in my opinion,	death occured at the	time, date and	place, and due to	the cause(a) and manner ea stated.
BE (296, SIGNATURE AND TITLE OF CERTIFIER	a IV	1/4		29c, LICENSE NU	MBER	29d. D/	ATE SIGNEO (Month, Day, Year)
TO E	Moke	1116	101				1	1-14-90
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F OEATH (ITEM 27) (Type	Print)	0201	9113	_	
	107179	u cu	N)1)	1/100	y cul		-	
	APR 1 9 '90	32. REGISTRAR'S	SIGNATURE down Rendell	,				
	AFR 1 7 YU	Juna viu	wen-handers					
		_						DHMH-t6 Rev t/89

3. TIME OF DEATH

Approximate interval Between Onset and Death

REG. NO.

DAY

2. DATE OF DEATH

AND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S MAME (First, Middle, Lest)

1 -

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER			OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
10.	215-26-8219	1 M 2 🗆 F	65	YRS.	MONTHS DAYS	HOURS	MIN.	6/	n, Dey, Year) 9/24		West	Virginia
	9a. FACILITY NAME (If not Institution, give	Ť			9b. CITY, TOWN	OR LOCATION	ON OF DE	ATH		9c. COUNT	Y OF DEATH	1
5	Washington Coun	ty Hospit	al_		Hagers	stown				Wash	ningto	on
3	10a. STATE 10b. COUNT			10c, CI1	Y, TOWN OR LOCA	ATION					100	I. INSIDE CITY
Dinection	Maryland Fre	derick			runswick						1 20	LIMITS?
	10e. STREET AND NUMBER					of. ZIP CODE	E			10g. CITIZE		COUNTRY?
LONEDAL	5 East "B" Stre	et				21716	5				USA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.	S. ARMED					N? (Specify Yea	or No- 14	A. RACE —	American Indian, nite, etc.
	1 Never Married 2 Married 3 Divorced	FORCES? 1 IF YES, GIVE W	AR OR DATE	S		pecify Cuba S 2 XNO			riican, atc.)		Specify: Whi	
	15. DECEDENT'S EDI	World W		- DECEDENT'S	USUAL OCCUPAT	TON		1401	. KIND OF BUS	INCOC/INDIE		re
COMPLETE	(Specify only highest grad	e completed)		(Give kind of life, Do NOT u	work done during n se retired.)	nost of working	g	101	KIND OF BUS	ME33/MDU3	o i m r	
3	Elamentary/Secondary (0-12)	College (1-4 or 5	''	Supt.					Const	ructio	n	
	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	ME (First,	Middle, Maiden		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Clem Leo Wilso	n				Ве	essi	e Li	llian (Griffe	eth	
4	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street							
2	Hazel M. Wilson			5 Ea	ast "B"	Stree	et −	Bru	nswick	, MD 2	21716	
F	20a. METHOD OF DISPOSITION	nouml from State	20b. PL	ACE OF DISPO	SITION (Name of c	emetery, cren	natory or		20c. LO	CATION — CH	ty or Town,	Stata
	15 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)				Manor C	emete	ery		Sha	arpsbu	iry, I	4D
	21. SIGNATURE OF FUNERAL/SERVICE L	CENSEE	, ,)	, /		AND ADDRE			77	. 1 77		
	1 Barlous	H- 1	11	llia	, Jon	n T. nswic	WIL.	Llam:	Funer	ral Ho	ome	
CENTIFICATION	disease or condition resulting in deeth) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. Sur To Due To Due To d.	(OR AS A CO	onsequence of the consequence of	15207 P		alves to	Part i	24s. WAS AN	AUTOROV	Louis	
IN. INEDICAL	Mattin	int do	menti		in the underlying the second s	ng ceuae	given in		244, WAS AN PERFOF 1 YES 2	MED?	CO OF	RE AUTOPSY FINDING NLABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
5 11	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Ch	eck only o	ne)			
2		1 Minpetlant 2	ER/Outpatie	- 1 DOA					- (0 14)			
5	1 TYES 2 NO				4 Nursing Ho		ealdance					
THI SICIAIN.	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, D	INJURY	28b, TII	AE OF 28c. II	JURY AT			SCRIBE HOW I	NJURY OCCU	IRED	
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	INJURY Pay, Year) OF INJURY —	28b, TII	ME OF 28c. II	JURY AT VORK? YES 2		26d. DE	SCRIBE HOW I			Number
5	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, E	INJURY Pay, Year)	28b, TII	AE OF 28c. II	JURY AT VORK? YES 2		26d. DE				» Number,
5	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Could not be determined 29a. CERTIFIER (Check only 1	28a. DATE OF (Month, E	INJURY PF INJURY — atc. (Specify) I my knowledge	28b, Till IN At home, farm,	AE OF JURY M 1 Street, factory, off	NJURY AT YORK? YES 2 [Ica	NO	28f. LOCA	CATION (Street of Town, State)	and Number of	r Rural Route	
DE COMPLETED DI	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF (Month, L) 28e. PLACE C building, SICIAN: To the best of a lief. On the basis of a	INJURY Per INJURY — atc. (Specify) I my knowledge xamination as	28b. TH IN At home, farm, ge, death occur and/or investigati	ME OF JURY M 1 Street, factory, off	NJURY AT YORK? YES 2 [Ica ta and place death occu	NO	28f. LOCATO	CATION (Street of Town, State)	and Number of	r Rural Routi 1. cause(a) an	
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	28a. DATE OF (Month, L) 28a. PLACE C building, SICIAN: To the best of a BER: On the basis of a BER C A C A C A C A C A C A C A C A C A C	INJURY of INJURY — atc. (Specify) my knowledge xamination as M D SE OF DEATH	28b, TII IN At home, farm, ge, death occur nd/or investigati	ME OF JURY M 1 Street, factory, off	NJURY AT YORK? YES 2 [Ica ta and place death occu	NO NO	28f. LOCATO	CATION (Street of Town, State)	nner as stated and due to the	r Rural Routi 1. cause(a) an	d manner as stated.
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	28e. DATE OF (Month, L) 28e. PLACE C building, SICIAN: To the best of a separate of	INJURY of INJURY — atc. (Specify) my knowledge xamination as M D SE OF DEATH AR'S SIGNATI	28b, TII IN At home, farm, ge, death occur nd/or investigati	ME OF JURY M 1 28c. II V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJURY AT YORK? YES 2 [Ica ta and place death occu	NO NO	28f. LOCATO	CATION (Street or Town, State)	nner as stated and due to the	r Rural Routi 1. cause(a) an	d manner aa stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Ray 1/89

The second of the second of the

10+1

6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit permit. Pages 1, 3	must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
APR 23

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

'90

3450

FOR

32. REGISTRAR'S SIGNATURE

			Ť			9	0 12510
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	DECEDENT'S NAME (First, Middle, Last)		EIIII IOA	L OI BEATTI	2. DATE OF DEATH	•	3. TIME OF DEATH
	JOHN C.	MEI CU					EAR
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	est birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	579-03-3501	1 x M 2 □ F 76	YRS. MONTH	S DAYS HOURS MIN.	(Month, Day, Year) AUG.11,19	13 P	ENNSYLVANIA
OR		MEM.HOSP.		ITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	
2	RESIDENCE OF DECEDENT 10s, STATE 10b, COUNTY	,	40° CITY TOW	N OR LOCATION			10d. INSIDE CITY
DIRECTOR		E GEORGE'S		GE PARK			LIMITS?
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	9112 49th PLACE			20740		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 X YES 2	RMED	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic		n or No- 14	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, OIVE WAR OR DATES		1 YES 24 NO Speci			Specify:
ED	15. DECEDENT'S EDUC	CATION 160 F	DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU		HITE
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)		ne during most of working	140,000,000		
M	12	- W	ATTER	Control of the Contro	DUKE Z		'S
	17. FATHER'S NAME (First, Middle, Last)			100000	AME (First, Middle, Malden	Surname)	
BE	JAMES WELSH 19a. INFORMANT'S NAME (Type/Print)		ION MAILING ADDR	HELEN ESS (Street and Number or Rural	FEAR	- Prote 7to Co	ode 1
2	ANNA M. WELSH			th PLACE COI			
	20a. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION	(Name of cemetery, crematory or			or Town, State
	1 Buriel 2 Cremation 3 Rem		POLTTAN	CREMATORY	AT.F	XANDRT	A, VIRGINIA
	21. SIGNATURE OF THE ERAL SERVICE LIC			22. NAME AND ADDRESS OF F		ZHI DICE	n, vinoinin
	► 1 (#/ S)	5111		FRANCIS J. CO			
	23. PART i. Enter the diseases, or o	complications that saused the					PR MD 20901
		List only one cause on each ile		ter the mode of dying, su	cn ea cardiec or resp	aratory arres	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Leval.	failur	L			Onset and Death
	resulting in death)	DUE TO (OR AS A CONS	QUENCE OF):	1-0:1	etion		
z		Acoute my	to com	hat ujar	- Clow	*	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EQUENCE OF):	7			
S	CAUSE (Disease or injury	c					
TIE	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
CERTIFICATION	resulting in deeth) CAST	d					
- 1	PART II. Other aignificant condition		t resulting in the	underlying ceuse given in			24b. WERE AUTOPSY FINDINGS
S		Seppos.			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
0					I L TES	Z [] NO	OF DEATH?
2							1 1 123 2 1 110
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA 4 D	IER: Nursing Home 5 - Residence	A Chebar (Specify)		
НХ	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY At	home, farm, street,	factory, office	261, LOCATION (Street		Rural Route Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)			City or Town, State	7	
PLE	29a. CERTIFIER 1 CERTIFYINO PHYSI	ICIAN: To the best of my knowledge,	death occurred at ti	ne time, date and place, and du	re to the cause(a) and ma	inner as stated.	
MO	and a	ER: On the basis of exemination and/o					sause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	//		29c. LICENSE N			IGNED (Month, Day, Year)
BE		Mary		D2428	33		19.90
2	30. NAME AND ADDRESS OF PERSON WH	o bouds even ousee of nears a	rent on Co	0		6	• •

20707

BALTIMORE, MARYLAND 21203-3146

e e	28		
Te de	use		
0	ò		
Spit	hed		
2	tac		ace
Ĕ	op é		9
5	0		E
ã.	POUL		fle
reta	S St		ito
8	90		9
That's	pa .		15
0	ctor		Ë
age	dire		10
-	Pra!		든
Jean	PHI I		Xar
Ter	节	oval.	a le
Sal	Š	ma	dic
MORE	u p	0	He
6.3	豐	on,	9
UN	lety	mati	1, 4
WIE	aplet	Cre	ne/
200	100	la.	8
25	P	B	atic
8	10	2	E
e D	Sici	Shior	5
Incar Incar	E.	ne	her
Dec	Brig	ygie	to
E	tend	E	9
90	0 2	ferrit	UN.
The same	y th	N P	E
mai	D D	h ar	3ny
igs igs	ign	eaft	20
900	en s	Of H	hoy
M	8	P.	63
9	138	8	2 =
-	cate	State	iter
JAN	rtife	he	10
2	S	4	Ď.
1	-	W	ž
NG	THE	leath	E
END	R.	D Ja	90
A	6	aft	28
OH	386	OURS	E
A	AL C	2	H
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certinicate be executed within 24 hours after beath. Page 6 may be retained by the hospital or atten	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

30. NAME AND ADDRESS OF PER

31. DATE FILED (Month, Day, Year)

1990

90 12511 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH 4 5 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreig -50 MONTHS DAYS HOURS MIN. 1 🗌 M 2 🛶 MOPRISMIK 9a FACILITY NAME (If not institution, nive street and number 9b. CITY, TOWN OR LOCATION OF DEATH FREDERIC DIRECTOR RESIDEN 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Walkersville YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 30 Georgetown Road 21793 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexicen, Puarto Rican, etc.)

1 YES 2 NO Specify: NO Never Married 2 Married Specify: BY 3 Wildowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) Housewike Own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE Anthony Nable Frances O'Donnell 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard Arthur Georgetown Rd Walkensville. Md. 21793 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Burlel 2 Cremation 3 Removal from State Ponha 102 Donation 5 - Other (Specify) Shoop! Cometerus Harrishura 21. SIGNATURE OF FUNERAL SERVICE LIÇENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home haron 1621 Opossumiown Pike, Frederick, Md. 2170 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest Approximate shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition de resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 PAO 1 Inpatient 2 ER/Outpatient 3 DOA 4 174 fursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be ETED 4 Homicide determined 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end menner as stated. TO THE HOS TO THE FUN be filed with 29b. SIGNATURE AND TITLE OF CENTIFIES 294. DATE SUCINED (Mong), Day, Year) BE

PLETED CAUSE OF DEATH (ITEM 27) (Spe. Print)

32. REGISTRAR'S SIGNATURE

many of the party of

'90

metached for use as the burial-transit permit. Pages 1, 2, 3 should		ance.
3	R	Z
		Ž.
-	1	1
ate has been signed by the attending physician and completely filled in by the tunned direction.	tate Dept. of Health and Mental Hygiene prior to burlal, cremation, or remove	tem 23 shows any injury, or other traumatic event, the medical examiner muse
is certif	with the	ed, or
After this ce	death w	s marked
9	hours after	item 28 is ma
AL DI	72 ho	If ite
TO THE FUNERAL DIRECT	be filed within 72	IMPORTANT: If

									90	125	116
PUT	FOR STATE REGISTRAR	STATE OF MARY			MENT OF H		MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	Н
	RUBY P.	WILDS					APRIL	19 19	990	3:00	AM
	4. SOCIAL SECURITY NUMBER 197-20-2589	5. SEX 6. AG	GE (In yrs. lest bi		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 9,		Country)		eign
	9e. FACILITY NAME (If not institution, give st	reet and number)		9	b. CITY, TOWN (OR LOCATION OF DE	ATH	9c. COU	NTY OF DE	ATH	
TOR	Union Hospital				E1kton	n, Md.		Ced	cil_		
DIRECTOR	Delaware New	Castle	13		middle					LIMITS?	
	10e. STREET AND NUMBER	000010				. ZIP CODE	· · · · · · · · · · · · · · · · · · ·	10g. CITI		IAT COUNTRY?	
FUNERAL	11 W. Redding					19709			S.A	•	
BY FU	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI JE YES GIVE WAR OF WW II	ES 2 NO	D	If yes, ap		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yes or No-	14. RACE Black, Specify	- American India White, atc. White	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION			SUAL OCCUPATION MORE		16b, KIND OF I	BUSINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do	o NOT use i	retired.)	ast or working					
MP	12		Sec	cret	ary			cal F	ract	ice	
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maid	ien Sumeme)			
	George Dawson	1				UNKN					
	190. INFORMANT'S NAME (Type/Print)		196. 8				Floute Number, City or 1				
Mg'	Allen H. Wilds 200. METHOD OF DISPOSITION		20h BLACE OF			netery, crematory or	Middle	LOCATION -		19709	
-	1X Burial 2 Cremation 3 Remarks Property Donation 5 Other (Specify)	oval from State	other place)							
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Delan	vare	22, NAME A	ANS CEN	netery	Summi	tt F	Bridge,	De.
	Stade	1170					tchison				
	23. PART i. Enter the diseases, or o	- 14 MCD	and the deat	h Do not			St. Mi				
	shock, or heert fallure.			n. Do no	enter the mo	ode or dying, auc	n se cerdiec or re-	spiratory an	eat,	Approxima Interval Be	neewte
	iMMEDIATE CAUSE (Final disease or condition									Onset and	Death
	resulting in death)	OUE TO (OR /	AS A CONSEQU	ENCE OF:	noma	& He a	alband	te-		+	
-							2			1 140	
흔	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A	AS A CONSEQU	ENCE OF):							
8	cause, Enter UNDERLYING CAUSE (Disease or injury	с									
E	that initiated events	DUE TO (OR A	AS A CONSEQU	ENCE OF):							
CERTIFICATION	resulting in death) LAST	d									
T. I	PART II. Other aignificant condition	a contributing to deat	h but not res	ulting in	the underlyin	g cause given in	Part i. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FI	NDINGS
PHYSICIAN: MEDICAL	austroun	hahma ble	i Ain S	LLM	day to	aushih		2 NO		AVAILABLE PRIOR COMPLETION OF C	
	2		1		2	2		1		OF DEATH?	40
=											
Ä	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. P	LACE OF DEATH (Ch	neck only one)			X	
Sic	1 TES 2	HOSPITAL:	Outpatient 3		OTHER:	ne 5 🗆 Residence	6 Other (Specify)				
£	27. MANNER OF OEATH	28a. DATE OF INJUI (Month, Day, Yea		28b. TIME INJUI	OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			1000		YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (3	URY — Al home Specify)	e, ferm, etr	eet, factory, offic	ee .	26f. LOCATION (Stri City or Town, St		or Rural Ro	oute Number,	
3	20a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowlados decil	00000-	at the time of the	and place and d	to the country or 1		ted		
MF	onel	R: On the basis of examin								and manner se si	lated.
	29b. SIGNATURE AND TITLE OF CERTIFIES			74.5		29c, LICENSE NU				(Month, Day, Year)	DITALL
BE	Y . 414.	LL TO MO				C.OOC		1			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM :	27) (Type. P	rint) Van-	0+h T ===	7007		4123	70	
	12 0-			. , , , , , , , , , , , , , , , , , , ,	velili	ern rem	IS, M.D.				

De 19709

1 - STATE REGISTRAR

13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

		SOCIAL SECURITY NUMBER		5. 9EX		. lest birthday)	IF UNDER 1 YE			7. DATE OF E			8. BIRTHPL	ACE (State of)
		213-58-8567	7	1 □ M 2XXF	87	YRS.	MONTHS DA	Y8 HOURS	MIN.	July I	7, 19	02	Mar	yland
1	NI .	. FACILITY NAME (If not in						WN OR LOCATI		АТН	9		ITY OF DEA	
2	15	Circle Mand		sing Home	e		Kens.	ington				Mon	ntgom	ery
십	2	On STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR LO	OCATION					1	Od. INSIDE CIT
DIRE	M	aryland	Mont	gomery		F	Rockvi	lle					1	LIMITS?
AL	10	. STREET AND NUMBER						10f. ZIP COD	Ē		1	10g. CITIZ		AT COUNTRY?
OC.		6 Barkwood	Court					20	853				U.S.	Α.
BY FUN	1	I. MARITAL STATUS Never Married 2 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE V	NT EVER IN U.S. 1 YES 2 WAR OR DATES		If yes	DECENDENT (a, specify Cube YES 2 NO	n, Mexice	, Puerto Rica		No-	14. RACE ~ Black, \ Specify:	- American Ind White, etc.
ED		15. DEC	EDENT'S EDU	JCATION completed	18a	DECEDENT'S	USUAL OCCUP	PATION	n/r	16b, KIN	OF BUSIN	IESS/INDI	USTRY	***************************************
APLET		Elementary/Secondary (1		College (1-4 or 5		Homemak		g most of work	79		Own	hom	ne	
E COMPL	17	7. FATHER'S NAME (First, M Max	liddle, Last)		Krets	schmer			eral	ME (First, Midd dine	ile, Maiden Sur	rname)	C	lemens
TO B	н	Completion		+ h				reet and Numbe					,	20052
-	1	Geraldine 1			6-1-51			Court		CKVIII				20853
		0e. METHOD OF DISPOSIT Burlel 2XXCremetic Donation 5 Other		noval from State	othe	ce of dispos or place) itgomer				Inc			City or Town	rvland
	1	1. SIGNATION OF FUNERA		CENSEE	1101	regomer	-							4
		2	2	0.0	0	100522	Ro	bert Ackvill	. Pu	nphrey	Fune:	ral	Home	omerv
		ahock, or h MMEDIATE CAUSE (Fi	eert fellure.	List only one ce			ot anter the	mode of dy	ring, suc	n aa cardiac	pr reepirat	tory arm	reet,	Approxim
SERTIFICATION	of the contract of the contrac	ahock, or h	eert fellure.		Bro- O (OR AS A COM		ules die	acc	ing, such	drosc	me ula	di di	seet,	Approximation of the state of t
I: MEDICAL CERTIFICATION	d n	ahock, or h MMEDIATE CAUSE (Fit fisease or condition resulting in death) Sequentially list condit f any, leading to immerause. Enter UNDERLY CAUSE (Disease or injul hat initiated events	elect fellure.	a. Coro	O OR AS A COM	esequence of	e br	acc our s	ide lig	drose	a. WAS AN AU PERFORME	UTOPSY ED?	24b. V	Approxim
MEDICAL	d n S S M C C C M n P P	mmeDiate Cause (Figure 1) and the second of	ions, diate liny arry condition	a. College out to bue t	O OR AS A COM	esequence of	n the under	acc our s	ale given in	Part I. 24	a. WAS AN AU	UTOPSY ED?	24b. V	Approximinterval interval inte
MEDICAL	d n S S M C C C M n P P	ahock, or h MMEDIATE CAUSE (Fi fisease or condition resulting in death) Sequentially list condit f any, leading to imme- sause. Enter UNDERLY CAUSE (Disease or inji hat initiated events resulting in death) LAS	ions, diate liny arry condition	a. Coro	DIOR AS A CONDICTION OF CONDIC	NOSCOUENCE OF	n the under	acc	given in	Pert I. 24	a. WAS AN AU PERFORME	UTOPSY ED?	24b. V	Approximinterval interval inte
PHYSICIAN: MEDICAL	d n	shock, or h MMEDIATE CAUSE (Fi fisease or condition esuiting in death) Sequentially list condit f any, leading to imme suse. Enter UNDERLY CAUSE (Disease or injuit in interest of the condition	ions, diate liny arry condition	B. Contributing to	D OR AS A COR	SEQUENCE OF SEQUEN	n the under	Tyling cause	given in	Pert I. 24	a. WAS AN AU PERFORME	UTOPSY ED?	24b. V	Approximinterval interval inte
TED BY PHYSICIAN: MEDICAL	d n	shock, or h MMEDIATE CAUSE (Fi disease or condition esuiting in death) Sequentially list condit f any, leading to imme suese. Enter UNDERLY CAUSE (Disease or injuint initiated events resulting in death) LAS PART II. Other algnification EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Accident	eert fellure. ellons, diate ING arry ET O MEDICAL Pending	MOSPITAL: 1 Inpatient 2 28e. PLACE	DO OR AS A CONDO DE CONTROL O D	SEQUENCE OF SEQUEN	other: A Divining E OF 28c URY M 1	te. PLACE OF I Home 6 R c. INJURY AT WORK?	given in	Pert I. 24 1 1 1 24 1 26ck only one) 5	a. WAS AN AU PERFORME	JTOPSY ED? NO	24b. V	Approximinterval interval inte
ETED BY PHYSICIAN: MEDICAL	S S M M C C C tit n n n n n n n n n n n n n n n n n n	AMMEDIATE CAUSE (Figure 1) in the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last (Disease or injoined in the limitiated events resulting in death) LAST ALST (Last III) PART II. Other algnification resulting in death) S. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 6 Homicide 9e. CERTIFIER (Check only one) 2 MEDIATE CERTIFIER (Check only one)	eert fellure. clons, diste ING IT ent conditio TO MEDICAL Pending Investigation Could not be determined TIFYING PHYS ICAL EXAMIN	BICIAN: To the base of	D OR AS A COR D OR A	SEQUENCE OF SEQUEN	other: 4 A Nursing E Of 28c URY M 1 threat, factory,	itying cause 19. PLACE OF Home 6 R INJURY AT WORK? VES 2 office	given in	Part I. 24 1 1 1 1 1 1 1 1 1 1 1 1 1	a. WAS AN AU PERFORME YES 2 Decity) IBE HOW INJ. ON (Street end own, State)	JTOPSY ED? NO	24b. V	Approximinterval interval inte
TED BY PHYSICIAN: MEDICAL	S Silico CO title of the control of	ahock, or h MMEDIATE CAUSE (Fi disease or condition esuiting in death) Sequentially list condit f any, leading to imme ause. Enter UNDERLY CAUSE (Disease or injuit initiated events esuiting in death) LAS PART II. Other algnification T. MANNER OF DEATH Mostural T. Netural T	eert fellure. iclons, iclons, idiate ING IT ent conditio O MEDICAL Pending Investigation Could not be determined TIFYING PHYS ICAL EXAMIN	BICIAN: To the basis of	DIOR AS A COMO DIOR A	ot resulting in the land of th	n the under The state of the s	riying cause 18. PLACE OF I Home 6 R 2. INJURY AT WORK? YES 2 office date and place on, death occurrence.	given in	Part I. 24 11 Other (S) 28f. LOCATK City or R to the cause(time, date enc	e. WAS AN AU PERFORME YES 2 DOCATOR ON (Street end own, State) e) and menne d place, end of	JTOPSY ED? NO	24b. V	Approximinterval interval inte
E COMPLETED BY PHYSICIAN: MEDICAL	S S M M C C C tit n n n n n n n n n n n n n n n n n n	AMMEDIATE CAUSE (Figure 1) in the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last (Disease or injoined in the limitiated events resulting in death) LAST ALST (Last III) PART II. Other algnification resulting in death) S. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 6 Homicide 9e. CERTIFIER (Check only one) 2 MEDIATE CERTIFIER (Check only one)	eert fellure. clons, diste ING IT ent conditio TO MEDICAL Pending Investigation Could not be determined TIFYING PHYS ICAL EXAMIN	BICIAN: To the base of	D OR AS A COR D OR A	SEQUENCE OF SEQUEN	other: 4 A Nursing E Of 28c URY M 1 threat, factory,	riying cause 18. PLACE OF I Home 6 R 2. INJURY AT WORK? YES 2 office date and place on, death occurrence.	given in DEATH (Ch NO NO	Part I. 24 11 Other (S) 28f. LOCATK City or R to the cause(time, date enc	e. WAS AN AU PERFORME YES 2 DOCATOR ON (Street end own, State) e) and menne d place, end of	JTOPSY ED? NO	24b. V	WERE WALLA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

permit. use as the burial-transit be retained by the hospital or attending physician. page 5 should be detached for Once. 7 notified 2 must funeral director, examiner the the the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical the event, other traumatic The law requires that the death certificate be 6 any injury. been signed by the shows a has to Dept. 23 certificate h Item

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

30. NAME AND ADDRESS OF

2111 +

Day, hear)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (June, Print)

32. REGISTRAR'S SIGNATUR

Julia Davidson-Randale

morar Pike

0

28 is

If Item

IMPORTANT:

this c marked,

DIRECTOR: /

FUNERAL (HOSPITAL

223

분 王皇

After death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1990 YEAR Apr.19, 9:50 P.M Ralph S. Yingling 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) June, 6, 1912 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2 - F 213-16-3169 YRS. Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll County Gen. Hospital Westminster Carroll RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Carroll Hampstead 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1315 Hillcrest St. 21074 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) General Motors Assembler 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Syrname)
Carrie Sterner Joseph G. Yingling 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS Greet and Number or Arrel House Number, City or Tong. Sets. & Cooked. Margaret W. Yingling 20e METHOD OF DISPOSITION
1 Description 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Snydersburg, Md. Marks Church Cem. St. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY blia Eckhardt Funeral Chapel Ce Manchester, Md. 21102 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Disas hrowice 10. Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Impatient 2 | ER/Outpatient 2 DOA 4 🗆 Nu ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29a. CERTIFIER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE SHOP 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) D33165 20/90

Stead

md.

Davis A Company of the Company of th

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICAT	E OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH		YEAR	3. TIME OF DEATH
John	Mart	in	Yok	lavich	1			Apri	1 13.	1990		1 p M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (in yrs	last birthday)		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	*//		PLACE (State or Foreign
524-05-0541		1 🗶 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURS MIN.		Day, Year)	917		sted Butte,C
90. FACILITY NAME (If not ins	stitution, give etr	eet and number)			9b. Cf	TY, TOWN O	R LOCATION OF DI				ITY OF DE	
7602 Cabin	Road				Ca	bin J	Iohn			Mon	tgom	nerv
RESIDENCE OF DEC	EDENT									11011	T	
10e. STATE	106. COUNTY			177		OR LOCATI						10d. INSIDE CITY LIMITS?
Maryland	Mont	gomery		(Cabi	n Joh						1 X YES 2 NO
10e. STREET AND NUMBER						.101.	ZIP CODE					HAT COUNTRY?
7602 Cabin	Road				_		20818				ISA	
11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1			10		ENDENT OF HISPAI city Cuben, Mexica			or No-	14. RACE Black	— American Indian, , White, atc.
3 Widowed 4 Divo	4-1-1	IF YES, GIVE V	WAR OR DATES			1 TYES	2 KNO Specif	y:			Whit	
15. DEC	EDENT'S EDUC	ATION	16a	. DECEDENT'S	USUAL	OCCUPATIO	N	160	KIND OF BUS	SINESS/IND		-
(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work don	e during mos	t of working					
Elementary/Secondary (0	-12)	College (1-4 or 5	*)	Profes	ssor				George	e t oum	Uni	iversity
17. FATHER'S NAME (First, MI	iddle, Last)			110100	3501		18. MOTHER'S NA	ME (First, A			OIII	LVEISILY
John Martin	Yokla	vich					Kat	hrvn	Mahone	0.37		
19e. INFORMANT'S NAME (7)		V 2011		19b. MAILING	ADDRE	SS (Street ar	nd Number or Rural				Code)	-
Catherine B	ettv Y	oklavich	,	7602	Cab	in Ro	ad, Cab	in Io	hn M	d 20	1818	
20e. METHOD OF DISPOSITI	ON		20b. PL/	CE OF DISPO			netery, cremetory or	III JC	_	CATION —		wn, State
1 Donation 5 Other		val from State		er place) (etropo	olit	an Cr	ematory		Ales	vandr	12	Virginia
21. SIGNATURE OF FUNERAL		ENSEE	11	0	2	2. NAME AN	D ADDRESS OF FA	CILITY		Adiidi	Las	VIIgIIIIa
· (h	hon 1	/ W	Mak	/	_		Funera					
70	11/1	- N.	100									ngton, D.C.
23. PART i. Enter the di shock, or h		ist only Dna ce			not ent	er tha mo	de of dying, auc	en as card	usc or respi	ratory arr	est,	Approximate
			200 011 04011	mia.								Interval Between
IMMEDIATE CAUSE (Fir	nal		300 011 04011	mia.								Intarval Between Onset and Death
immediate/Cause (Fir disease or condition resulting in death)	nal →	•			rres	t						
disease or condition	→ i	n. Re	Spirat	Ory Al								Onset and Death
disease or condition resulting in death)	+	Re DUE TO	spirat ORASACO	ory An	ng c							Onset and Death
disease or condition resulting in death) Sequentially list condition in any, leading to imme-	ions, diata	Re DUE TO	Spirat	ory An	ng c		•					Onset and Death
disease or condition resulting in death) Sequentially list condition in the condition of the condition in t	ions, diata	n. Re	Spirat OR AS A COI Etastat OR AS A COI	ory Annequence of the contract	ng c							Onset and Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immecause. Enter UNDERLY!	ions, diata ing	n. Re	spirat ORASACO	ory Annequence of the contract	ng c		:					Onset and Death
disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated events	ions, diata ing	n. Re	Spirat OR AS A COI Etastat OR AS A COI	ory Annequence of the contract	ng c		:					Onset and Death
disease or condition resulting in death) Sequentisity list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injut that initiated events	ions, dilata NG ary	Me DUE TO	Spirat (OR AS A COM tastat (OR AS A COM	ORY AT ASSOCIATE OF THE ASSOCIATION OF THE ASSOCIAT	ng c	ancer		Part I.	24s. WAS AN		24b.	Onset and Death immediate 2 years
Sequentially list condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	ions, dilata NG ary	Me DUE TO	Spirat (OR AS A COM tastat (OR AS A COM	ORY AT ASSOCIATE OF THE ASSOCIATION OF THE ASSOCIAT	ng c	ancer		Part I.	24a. WAS AN PERFOR	RMED?	24b.	Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	ions, dilata NG ary	Me DUE TO	Spirat (OR AS A COM tastat (OR AS A COM	ORY AT ASSOCIATE OF THE ASSOCIATION OF THE ASSOCIAT	ng c	ancer		ı Part I.	PERFOR	RMED?	24b.	Onset and Death immediate 2 years were Autopsy Findings Amalable Prior to
Sequentially list condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS	ions, dilata NG ary	Me DUE TO	Spirat (OR AS A COM tastat (OR AS A COM	ORY AT ASSOCIATE OF THE ASSOCIATION OF THE ASSOCIAT	ng c	ancer		i Part I.	PERFOR	RMED?	24b	Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or injustat initiated events resulting in death) LAS PART II. Other signification.	ions, diata NG iry T	DUE TO	Spirat (OR AS A COM tastat (OR AS A COM	ORY AT ASSOCIATE OF THE ASSOCIATION OF THE ASSOCIAT	OF):	underlying			PERFOF	RMED?	24b.	Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS PART II. Other significe	ions, diata NG iry T	Me DUE TO	espirat OR AS A COI Etastat (OR AS A COI	NSEQUENCE O	OF):	ancer underlying	g cause given in	heck only or	PERFOR	RMED?	24b.	Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentisity list condition of the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations.	ions, diata NG iry T	DUE TO DUE TO DUE TO A. Me DUE TO A. DUE TO	Spirat O (OR AS A CO)	NSEQUENCE O	OF): OF): OTH GOTH G	underlying 26. PL ER: Nursing Hom	ace OF DEATH (C	heck only or	PERFOR	RMED?		Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentisity list condition resulting in death) Sequentisity list condition from the cause. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ions, diata NG iry T cont condition	DUE TO DUE TO DUE TO A. Me DUE TO A. DUE TO	espirat o (or as a col etastat o (or as a col o (or as a col o death but n	NSEQUENCE O	OF):	underlying 26. PL ER: tursing Hom 28c. INJ	g cause given in ACE OF DEATH (C.	heck only or	PERFOR 1 VES 2 Tel Tel Tel Tel Tel Tel Tel Te	RMED?		Onset and Death immediate 2 years WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentisity list condition of the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 (A) NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	ions, diata NG iny T Cont condition	DUE TO	espirat (OR AS A COI) (OR AS A COI	NSEQUENCE OF THE PROPERTY OF T	OFF: OTH OTH OTH OTH UNITED THE	underlying 26. PL ER: Nursing Hom 26c. INJ WO 1 1	ACE OF DEATH (C. 6 6 2 Residence URY AT RK7 FES 2 NO	heck only or 6 Othe 28d. DES	PERFOR 1 YES 2 PERFORM (Specify) SCRIBE HOW I	RMED?	CURED	Onset and Death immediate 2 years were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentisity list condition of the cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in death) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 (A) NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	ions, diata NG iry T cont condition	DUE TO	espirat (OR AS A COI)	NSEQUENCE OF THE PROPERTY OF T	OFF: OTH OTH OTH OTH UNITED THE	underlying 26. PL ER: Nursing Hom 26c. INJ WO 1 1	ACE OF DEATH (C. 6 6 2 Residence URY AT RK7 FES 2 NO	heck only or 6 Othe 28d. DES	PERFOR 1 YES 2 70) If (Specify) SCRIBE HOW I	RMED?	CURED	Onset and Death immediate 2 years were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentisity list condition and the cause. Enter UNDERLY! CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 CEMPLE CEMPLE CEMPLE 29. CERTIFIER CEMPLE CEMPLE CEMPLE 29. CERTIFIER CEMPLE CEMPLE CEMPLE CEMPLE 29. CERTIFIER CEMPLE CEMPLE	ions, diate ING IT O MEDICAL Pending Investigation Could not be datermined	DUE TO DUE TO DUE TO B contributing to HOSPITAL: 1 Inpatient 2 28a. DATA Difference of the publishing to the p	ESPIRAT OR AS A COI COR AS A COI OR AS A C	NSEOUENCE O	OTH 4 NE OF	underlying 26. PL ER: Nursing Hom 28c. INJ inactory, offici	ACE OF DEATH (C) 6 (2XResidence URY AT RK? 7ES 2 NO	6 Other 28d. DE:	PERFOR 1 YES 2 THE SECRETARY SCRIPE HOW I	RMED?	CURED or Rural F	Onset and Death immediate 2 years were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification in the cause of the ca	Ione, diate ING I'm Condition O MEDICAL Pending Investigation Could not be datermined	DUE TO DUE TO DUE TO B contributing to HOSPITAL: 1 Inpatient 2 26e. PLACE of building	ESPIRAT OR AS A COI COR AS A COI OR AS A C	NSEOUENCE O	OTH 4 NE OF ME OF	underlying 26. PL ER: Nursing Hom 28c. INJ actory, office	ACE OF DEATH (C 6 (2) Residence RK? 7/ES 2 NO and place, end du	beck only or 6 Othe 28d. DEt 28f. LOC City	PERFOR 1 YES 2 THE SECRETARY PERFORMANCE TOWN (Street or Town, State) Use(e) end main	RMED?	CURED or Aural I	Onset and Death immediate 2 years were autopsy findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentisity list condition and the cause. Enter UNDERLY! CAUSE (Disease or injustration in the cause. Enter UNDERLY! CAUSE (Disease or injustration in the cause. Enter UNDERLY! CAUSE (Disease or injustration in the cause. Enter UNDERLY! CAUSE (Disease or injustration in the cause. Examiner? 1	ions, diata NG iny T iont condition O MEDICAL Pending Investigation Could not be date mined FIFYING PHYSI ICAL EXAMINE	DUE TO Me DUE TO	ESPIRAT OR AS A COI COR AS A COI OR AS A C	NSEOUENCE O	OTH 4 NE OF ME OF	underlying 26. PL ER: Nursing Hom 28c. INJ actory, office	ACE OF DEATH (C 6 © XResidence URY AT RK? ZES 2 NO and place, end du eath occured at th	heck only or 6 Othe 26d. DE: 26f. LOC City e to the case time, data	PERFOR 1 YES 2 THE SECRETARY PERFORMANCE TOWN (Street or Town, State) Use(e) end main	INJURY OCI	CURED r or Rural H	Onset and Death immediate 2 years 2 years AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition resulting in death) Sequentially list condition and in the sequential	ions, diata NG iny T iont condition O MEDICAL Pending Investigation Could not be date mined FIFYING PHYSI ICAL EXAMINE	DUE TO Me DUE TO	ESPIRAT OR AS A COI COR AS A COI OR AS A C	NSEOUENCE O	OTH 4 NE OF ME OF	underlying 26. PL ER: Nursing Hom 28c. INJ actory, office	ACE OF DEATH (C 6 (2) Residence RK? 7/ES 2 NO and place, end du	heck only or 6 Othe 26d. DE: 26f. LOC City e to the case time, data	PERFOR 1 YES 2 THE SECRETARY PERFORMANCE TOWN (Street or Town, State) Use(e) end main	INJURY OCI	CURED r or Rural II ted. te cause(s	Onset and Death immediate 2 years 2 years WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition resulting in death) Sequentially list condition and in the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification in the cause and in	one, diata NG III III III III III III III III III	DUE TO	ESPITAT OR AS A COI OR AS A CO	NSEQUENCE OF SEQUENCE OF SEQUE	OTH 4 NE OF JURY M atreet, f	underlying 26. PL ER: Nursing Hom 28c. INJ actory, office	ACE OF DEATH (C 6 © XResidence URY AT RK? ZES 2 NO and place, end du eath occured at th	heck only or 6 Othe 26d. DE: 26f. LOC City e to the case time, data	PERFOR 1 YES 2 THE SECRETARY PERFORMANCE TOWN (Street or Town, State) Use(e) end main	INJURY OCI	CURED r or Rural II ted. te cause(s	Onset and Death immediate 2 years 2 years AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE FUNERAL DIRECTOR: After this certificate based to entitionate to be executed within a four after death. Page 6 may be retained by the hospital or attending physician. To the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked. or Nem 23 shaws and Indian.

31. DATE FILED (Month, Day, Year)
APR 1 9 '90

32 REGISTRAR'S SIGNATURE
Julia Davidson Andole

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages has find within 72 hours after death with the State Dent of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 72 hours after death with the State Dent, of Health and Mental Hydlene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other t

	1 - FOR STATE REGISTRAR	E OF MARYLAND	DEPARTM			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	Ellen Ze	epp			2. DATE OF DEATH	1,198	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.)	BIRTHPLACE (State or Foreign
	212-01-9535 1□ м	2X F 88	YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) 07-06-01		aryland
1	9e. FACILITY NAME (If not institution, give street end in	number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	
压	Compassionate Care,	Inc.		New Wi	ndsor		Carr	oll County
5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Baltimor	e County	Balt	imore				1 YES 27 NO
FUNERAL	10s. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
9	2027 Griffith Avenue				21230			S.A.
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Merried FOR	B DECEDENT EVER IN U.S. ICES? 1 TYES 2	ARMED			IC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No— 14.	RACE — American Indien, Black, White, atc.
ВУ	3 ☑ Wildowed 4 □ Divorced			1 TYES 2 NO Specify:			- 1	Specify: White
	(Specify only highest grade completed	0)	(Give kind of work life. Do NOT use ret	done during mos	t of working	Job. Kind of Bosi	INESS/INDOS	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 10 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clothes Presser Cloth: 16a. MOTHER'S NAME (First, Middle, Last)							ng Industry	
MO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden 5	7 77	ustry
Ö	William Noah Brot	hore						
100 INCOMMENT'S NAME (Transferred)							, State, Zio Code)	
2	Vernon Zepp		418 Pos	e Driv	a Sykae	ville, MD	21784	
	20a. METHOD OF DISPOSITION	20b. PL/	CE OF DISPOSITIO					or Town, State
	1 Suriel 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)	s State Other	Krider	te Chu	rch Como	tery West	minet	er MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 /		22. NAME AN	D ADDRESS OF FA	CILITY		
	> Brian &	Nainh	1					O. Box 195)
-	23. PART I. Enter the diseases, or complice	ations that caused the	death Do not			MD 21784		
	shock, or heart failure. List only			1	us or dying, suc	ii aa cardiac or respii	atory arrest	intarval Between
	iMMEDIATE CAUSE (Finsi disease or condition	2000	1 - 400	+1	1 1 1 1 1 1			Onset and Death
	resulting in death) s	DUE TO (OR AS A COM	SEQUENCE OF:	U U	wiese			Selenal
_		11. AP	NT	:0 L	pulle	tem		years
CERTIFICATION	Sequantially list conditions, if sny, lesding to immediate	DUE TO (OR AS A CON	SEQUENCE OF):	0	proceed			
S	cause. Entar UNDERLYING							
Ē	CAUSE (Disease or injury that initisted events	DUE TO (OR AS A COM	SEQUENCE OF):					
E	resulting in dasth) LAST							
	PART ii. Other significant conditions contri	buting to death but n	ot requiting in th	ne underlying	cours alves in	Part I. 24a, WAS AN	urmeev	24b. WERE AUTOPSY FINDINGS
CAL	Milton	4-1	1	io dilatiying	Couse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ā	The state of the s	- June	May			1 YES 2,	NO	OF DEATH?
Σ	yes 2 Deap	eles II	anus			-		1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	speak		20.00	105.00.00111111111111111111111111111111			
PHYSICIAN: MEDIC	EXAMINER? HOSE	PITAL:	9	HER:	ACE OF DEATH (Ch			
148		e. DATE OF INJURY	28b. TIME OF	7		a ☐ Other (Specify) 28d. DESCRIBE HOW IN	LIURY OCCUR	IFD.
ā	Natural 8 Pending	(Month, Day, Year)	INJURY	WO	RK?	200. 02001102 11011 11		
БУ	2 Accident Investigation 3 Suicide 8 Could not be	e. PLACE OF INJURY A	it home, farm, stree			28f. LOCATION (Street a	nd Number or	Rural Floute Number,
COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
Ë	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the heat of my knowledge	deeth cooursed at	the time date	and place and due	to the council and man		
MP	one)							ause(e) and manner se stated.
8	26. SIGNATURE AND WITLE OF CERTIFIER							Sallate a Average of
BE	THE COLUMN	1. 1			29c. LICENSE NUI	MER M	Z9d. DATE S	IGNED (Marith, Day, Year)
5	30. NAME ANE/ADDRESS OF PERSON WHO COMPL	LETED CAUSE OF DEATH	(ITSM 27) (3 D-	e)	170	(A) (a)	- -	11140
	THE CARLOR	E Mr	PA	Rur	M. 11m	in Ro	dail	nd 21791
	31. DATE FILED (Month), Day, Year) 32	REGISTRAR'S SIGNATUR	RE LA	- DYI	, is was	ion Die	age	. M. W. 111
	APR 16'90	Guna Davido	on fandale	_			~	

LAND 21203-3146

T COLOR	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	at at
	Pe
	E
	9
	ě
	ã
5	76
8	Ē
5	хап
Sa 5	9 6
rem	9
6	Ē
lion,	£
вша	H,
5	929
uria uria	tic
2	E
rio.	2
100	10
100	to to
E E	9
Vert a	Š
I P	
E S	am
- leal	8
0	9
ept.	23
0 5	E
Stal	프
4	9
E F	Dex
a ta	nar
9	80
S ta	200
A S	E
3 5	f He
in 7	TI I
5 5	IAN
1 8	POR
2	=
	10 THE FUNEXAL UNECLIDES, After this certificate has used signed by the attention, physician and compared mice in by the funexal bring. But the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

	REGISTRAR	CERTI	IFICAT	E OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	19				2. DATE OF I	DEATH	VE	3. TIME OF DEATH
	Mary Rose	ZEM	A			APRIL	19		90 6:30 P W
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda	W) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF 6	HTRI	100	RIPTHPI ACE (State or Foreign
	080-05-1758 1□ № ३०छ ह		MONTH		HOURS MIN.	Mar. I	9,19	18 N	Jew York
	9a. FACILITY NAME (If not institution, give atreet and number)				R LOCATION OF DE	ATH		9c. COUNTY	
DIRECTOR	Frederick Memorial Hosp	ital	F	reder	ick			Fred	lerick
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	140.	OFFI TOWN	N OR LOCAT	ion:				10d. INSIDE CITY
E	Maryland Frederick	100.		ederi					LIMITS?
	4		11						1X YES 2 NO
M	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1769 Heather Lane				21701			Ţ	J.S.A.
5	ECOCCES	ENT EVER IN U.S. ARMED 1 YES 2 NO	1		ENDENT OF HISPAN			or No- 14.	RACE — American Indian, Black, Whita, etc.
BY	1 Never Married 2 Married IF YES, GIVE 3 Note: 1 Never Married 2 Never Married IF YES, GIVE		If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:				Specify: White		
							TRY		
(Specify only highest grade completed) (Give kind of work done during most of working III. Do NOT use refrect.)									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKE? 16. MIND OF BUSINESS/INDUSTRY 16. MIND OF BUSINESS/INDUSTRY									
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Midd	le, Maiden St	urname)	
	Rocco			Rosin	a		A	iello	
BE	19a. INFORMANT'S NAME (Type/Print)	Zuccarelli	ING ADDRI	ESS (Street a	nd Number or Rural F		City or Town,		
2	Mrs. Carol A. Mathewson	1769	9 Hea	ther	Lane, Fr	ederic	elc, Ma	arylan	nd 21701
	20a, METHOD OF DISPOSITION	20b. PLACE OF DIS	POSITION	(Name of cer	netery, cremetory or		20c. LOCATION — City or Town, State		
	1 Burial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)	Saint N	Mary'	y's Cemetery Greenwich, Connecticut					.Connecticut
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2	2. NAME AP	ID ADDRESS OF FA	CILITY			
	Kieth homan Robers	M00706	K 1	ieeney 06 Ea	& Basfo	rd P.A	Fur Free	neral derick	Home , MD. 21701
	23. PART I. Enter the diseases, or complications to								, Approximate
	shock, or heart failure. List only one of IMMEDIATE CAUSE (Final	ause on aach line.							Interval Between Onset and Death
		TO (OR AS A CONSEQUENCE	w	1		<			
z	1000	TO (OR AS A CONSEQUENCE		0/-	wee is a	-	she.	115	
CERTIFICATION	Sequentially list conditions, DUE	TO (OR AS A CONSEQUENCE	E OF):	_					
2	cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE	au	245	Corre	1-10-	7-1		
불	Clark Million Crotter								1
E I	d	0 4 44	000	-	12-1 -00	20			1
	PART ii. Other significant conditions contributing	to death but not resulting	ng in the	underlyin	g cause given in	Part i. 24	e. WAS AN A		24b. WERE AUTOPSY FINDINGS
EDICAL						Ι.,	PERFORM		AVAILABLE PRIOR TO COMPLETION DF CAUSE
							163 21	Y ***	DF DEATH?
Σ.						- 1			1 163 2 110
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN: M	EXAMINER? 1 YES 2 NO 1 Signation	2 ER/Outpatient 3 DO	ОТН	ER:					
ξ			TIME OF	28c. INJ	URY AT			JURY OCCUR	RED
	Natural 5 Pending	, Day, Year)	INJURY	WC	PRK7				
BY	2 Accident investigation 3 Suicide & Could not be 28e. PLAC	E OF INJURY — At home, far	m, atreet, 1	factory, offic	•	28f. LOCATIO	ON (Street an	nd Number or	Rural Route Number,
	4 Homicide determined buildi	ng, etc. (Specify)					own, State)		
Ē	29a. CERTIFIER CHARLES TO the best	of my knowledge, death occ	curred at th	ne time, date	and place, and due	to the cause(e) and mane	or as stated.	100-1
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of								
ш	29b. SKINATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	T	29d. DATE S	IGNED (Month, Day, Year)
8	35 6	1,			0146	26		1 4	120/10
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27)	Type, Print)						
	PG, Terusely	501 w	, .	7 53	36	F	rdr	any sell	MU 2170/
		TRAR'S SIGNATURE							
	APR 20 1990 July David	on Mandalle							

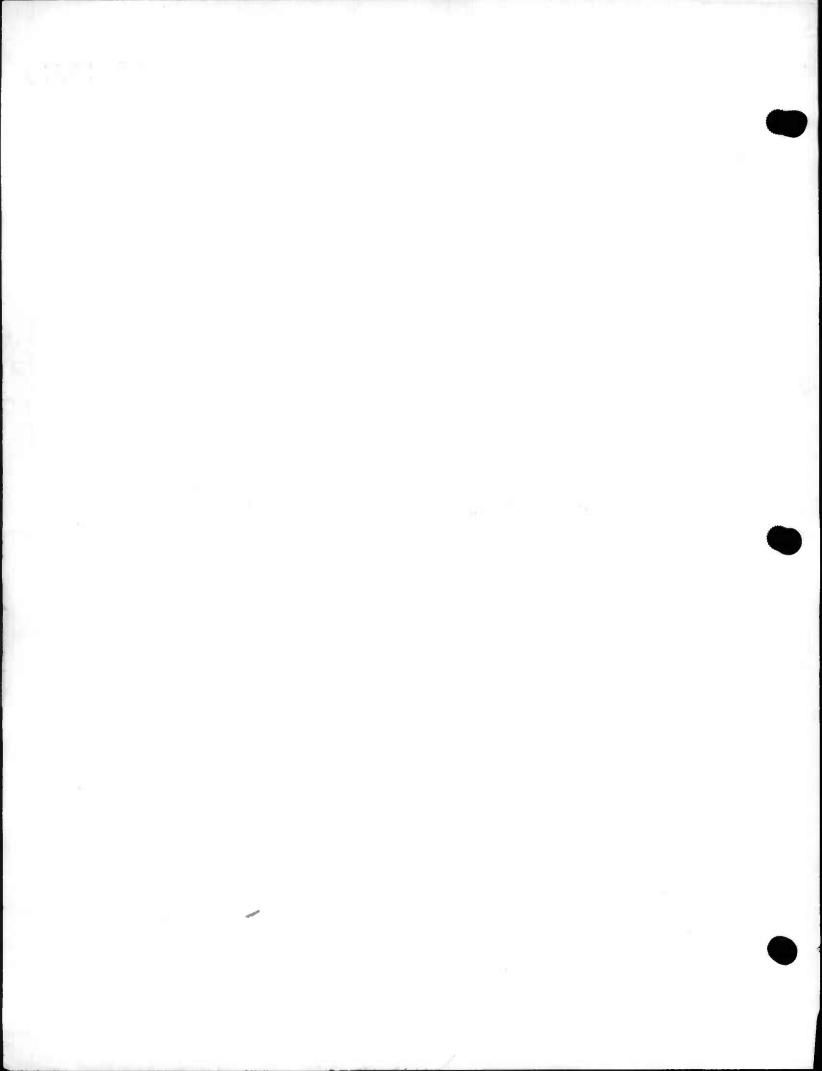
II N

The second section with

.

9	5	음		ශ්
3	2	Jeta		Duc
- 7	7	8		at
- 50	2	pin		9
dain	9	Sho		Ē
0	2	9		100
1	9	pad		ě
E		tor,		Sne
9	20	Direct Di		-
d		ig.		Ē
- de ad	npan.	ž		ХЗП
200	9	the	Marie Control	9
90	9	6	E	di G
	3	D D	ŏ	Ē
P	*	#	ion,	e e
high		g g	E	¥,
411		ă	C	Š
1000	5	8	Jrial	3
-	3	and	A R	mal
2	B	cian	0	25
1	Calle	Service	e pr	1
200		9	gien	ŧ
4	5	endi	Ŧ	6
- 1	nea	att of	enta	ř
4	200	4	M	Ĭ
1	DIA	2	h an	Ě
1	3	igne	eaft	8
-	200	en s	O H	ğ
	WE	s be	P.	65
-	TO THE HUSPITAL OR ALLENDING PHYSICIAN: The law requires that the use used the celuncate be executed within 54 floors after useful or floaring by the most	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	-	cate	Stati	9
- 3	3	ertif	the	9
9	2	is c	F	ed,
3	7	or th	N F	ark
1		Affe	dea	E
i.	EN	ä	rfter	8
1	Z.	Ē	13	E 2
-	5	ā	ž	=
į	M	RAI	72	1 3
- 3	3	UNE	THE N	AM
	4	中市	Pe N	H
- (20	ĖO	e file	MP
- 1		F	Δ	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN		0 1 1 1 1 1	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH	
	Charles		Anderson,		5	4 90	8:43 P M	
		SEX 6. AGE (In yrs.		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	HRTHPLACE (State or Foreign Jountry)	
	9a. FACILITY NAME (If not institution, give street	_ 10		OWN OR LOCATION OF D	10/21/7.	L Be, COUNTY	Balto., MD	
R	rear of 1600 Blk.			Baltimore				
رظ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOWN OR				10d. INSIDE CITY	
DIRECTOR	MARYLAND			ORE CITY			LIMITS?	
AL (10e. STREET AND NUMBER		DALITER	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1238 E. NORTH A	VENUE		21202		τ	JSA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specific Process of Line Process						or No- 14.	RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 [YES 2 NO Specif	у:		Specify: BLACK	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade com		DECEDENT'S USUAL OCC		16b. KIND OF BU	SINESS/INDUST		
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)								
COMPL	17, FATHER'S NAME (First, Middle, Last)			Les mesurene m	ME (First, Middle, Melden	0.000		
	CHARLES ANDERSO	ANT.			MONTAGU			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural			le)	
2	BETTY E. ANDERSO	N	1238 E.	NORTH AVE	BALTIM	OE, MI	21202	
	20s. METHOD OF DISPOSITION 1 SpBurial 2 Cremation 3 Removal	from State other	CE OF DISPOSITION (Noming place)			CATION — City	and the same of th	
	4 Donation 6 Other (Specify)		STERN STA	R CEMETER		LTIMOE	E, MARYLAND	
	Para	21000		ROY O. DY		N FUNE	ERAL HOME	
	23. PART I. Enter the diseases, or com	polications that caused the	deeth Do not enter t	00 LIBERT	Y HEIGHT	S AVEN	Approximate	
	ahock, or heart fallure. List	Dnly Dne cause on each it	line.	in mode of dying, ad-	on the outer of the p	matory arroad,	Interval Between Onset and Death	
	AP	oGunshots woun	nd of back	of head and	left uppe	er evtr	1000	
	resulting in Geetin) - 2.11	DUE TO (OR AS A CON		or nead die	TCIC Upp	T CALL	CITTON	
Z	Sequentially list conditions,	DUE TO (OR 10 1 00)	acoustics of	<u>. </u>				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):					
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEOUENCE OF):					
ERIT	resulting in death) LAST							
	PART ii. Other algnificant conditions co	ontributing to death but no	ot resulting in the und	erlying ceuse given in			24b. WERE AUTOPSY FINDINGS	
MEDICAL					PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEC							NO PARTYES 2 INO	
ÿ								
CI	25. WAS CASE REFERRED TO MEDICAL		OTHER	26. PLACE OF DEATH (C				
ဟု		OSPITAL:				CCCC		
Ì		☐ Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY	26b. TIME OF	ng Home 5 - Residence		SCENE	ED	
Y PHYSICIAN:	1 (X YES 2 NO 1 (27 MANNER OF DEATH 1 Netural 5 Pending	□ Inpatient 2 □ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)	20b. TIME OF INJURY		28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY	1 X YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 5/4/90 28e. PLACE OF INJURY — AI	20b. TIME OF INJURY M 8:32P	ng Home 5 Residence tec. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW Subject 28f. LOCATION (Street)	shot.		
BY	1 X YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Dispetient 2 ER/Outpetient 28e. DATE OF INJURY (Morth, Day, Year) 5/4/90 28e. PLACE OF INJURY — Albuilding, etc. (Specify)	20b. TIME OF INJURY M 8:32P	ng Home 5 Residence tec. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW Subject 28f. LOCATION (Street City or Town, State	Shot: end Number or F		
BY	1 X YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be delermined 29a. CERTIFIER 1 CERTIFYING PHYSICIAL	Dispetient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 5/4/90 28e. PLACE OF INJURY — As building, etc. (Specify) Value of the best of my knowledge,	26b. TIME OF INJURY 8:32P M I home, farm, street, factor area , death occurred at the time.	ng Home 5 Residence Rec. INJURY AT WORK? 1 YES 2 NO Ty, offica Ta, date end place, end du	28d. DESCRIBE HOW Subject 28f. LOCATION (Street City or Rown, State) 1600Blk. Wa	Shot end Number or F TWICK anner as stated.	Ave.Balto.MD	
BY	1 XYES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAL EXAMINER: 0	Dispetient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 5/4/90 28e. PLACE OF INJURY — As building, etc. (Specify) Value of the best of my knowledge,	26b. TIME OF INJURY 8:32P M I home, farm, street, factor area , death occurred at the time.	ng Home 5 Residence Rec. INJURY AT WORK? 1 YES 2 NO Ty, offica Ta, date end place, end du	28d. DESCRIBE HOW Subject 28f. LOCATION (Street City or Rown, State) 1600Blk. Wa	Shot end Number or F TWICK anner as stated.	Rural Route Number,	
	1 X YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be delermined 29a. CERTIFIER 1 CERTIFYING PHYSICIAL	Dispetient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 5/4/90 28e. PLACE OF INJURY — As building, etc. (Specify) Value of the best of my knowledge,	26b. TIME OF INJURY 8:32P M I home, farm, street, factor area , death occurred at the time.	ng Home 5 Residence Rec. INJURY AT WORKT 1 YES 2 NO ry, office na, date end place, end du inion, death occured at th	28d. DESCRIBE HOW SUBJECT 26f. LOCATION (Street City or Town, State 1600B1k.WG e to the cause(e) end mile e time, date end place, e	Shot: end Number or F) ATWICK unner as stated. nd due to the cr	AVe.Balto.MD ause(e) end manner es stated. GNED (Month, Day, Year)	
E COMPLETED BY	1 XYES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAL EXAMINER: 0	inpetient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 5 / 4 / 90 28e. PLACE OF INJURY — Albuilding, etc. (Specify) N: To the best of my knowledge, the bests of axamination and	26b. TIME OF INJURY 8:32P M 25 home, farm, street, factor area of the first area of	ng Home 5 Residence Rec. INJURY AT WORK? 1 YES 2 NO Ny, office Na, date end place, end du Inion, death occured at th	28d. DESCRIBE HOW SUBJECT 26f. LOCATION (Street City or Town, State 1600B1k.WG e to the cause(e) end mile e time, date end place, e	Shot: end Number or F) ATWICK unner as stated. nd due to the cr	Ave.Balto.MD	



is after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
Carl Asplund					May	5, 1990	YEAR	9;00 A M
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH I, Day, Year)	Counti	
556-12-7693	1 2 M 2 □ F 79	YRS.				/22/10		VSAS
9a. FACILITY NAME (If not institution, give	*		*	R LOCATION OF DE		9c. C	OUNTY OF D	EATH
Maryland Genera	l Hospital		Baltimo	ore City				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	I too CITY TO	OWN OR LOCATI	ON				10d, INSIDE CITY
1 202	•			O.11				LIMITS?
MD.		BAL'	TIMORE	ZIP CODE		1.00		1 YES 2 NO
			101.	ZIP CODE		10g. c	CITIZEN OF V	YHAI COUNTHY?
1027 CATHEDRAL S				21201			U.S.	
11, MARITAL STATUS 1 Never Married 2 XMerried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		ENDENT OF HISPAN cify Cuban, Mexica		? (Specify Yee or No- Rican, etc.)	- 14. RACI	E — Americen Indien, k, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 NO Specify	y:		Spec	·
15. DECEDENT'S EDI	ICATION	18e. DECEDENT'S USL	IAL OCCUPATIO	N.	1445	KIND OF BUSINESS	WH	LTE
(Specify only highest grad	le completed)	(Give kind of work life. Do NOT use re	done during mos		100.	KIND OF BUSINESS	INDUSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
CT SATURDIO MANAGE (Street Address Company)		RET. MER	CHANT S					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	IME (First, I	Middle, Maiden Surnam	18)	
ł			12					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street or	nd Number or Rural i	Route Numl	ber, City or Town, State,	, Zip Code)	
MR. FRED ALLEN (timor	e Md.		
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Men	movel from State	PLACE OF DISPOSITION other place)	ON (Name of cerr	etery, crematory or		20c. LOCATION	— City or To	own, State
4X Donation 5 Other (Specify)								
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	5-8-90	22. NAME AN	D ADDRESS OF FA	CILITY			
1/SanMed	1/10/1/11/		STAT	E ANATON	MY BC	ARD, BAL	TO., N	MD. 21201
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, if any, leading to immediate	Metastati			e				Interval Between Onset end Deeth
cause. Enter UNDERLYING CAUSE (Discesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other algnificent condition	ona contributing to death b	ut not resulting in t	he underlying	cause given in	Part I.	24a. WAS AN AUTOP PERFORMED?	PSY 24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					_	1 YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	neck only or	10)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER: Nursing Hom	e 5 🗆 Reeldence	6 🗆 Othe	ir (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME O	F 28c. INJ	URY AT	Y	SCRIBE HOW INJURY	OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? (ES 2 NO				
2 Accident Investigation 3 Suicide A Could not be	28e. PLACE OF INJURY	- At home, farm, stre-	et, factory, offic			ATION (Street and Nur	mber or Rural	Route Number,
4 Homicide determined	building, etc. (Spec	alfy)			City	or Town, Stete)		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	ledge, death occurred a	nt the time, date	end place, end due	to the ca	use(e) end manner ee	stated.	
000)	NER: On the besis of examination	n and/or investigation, i	n my opinion, d	eath occured at the	time, date	and place, and due	to the cause	a) end manner ee stated.
296. SHOWN THE AND SUTE OF CENT	IER LIAA	TIM		29c. LICENSE NU	MBER	29d.	DATE SIGNE	2/Winth Day, Year)
30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	1				
31. DATE FILES (Nation, Sey, Year)	32. REGISTRAR'S SIGN	ATURE	,					

	Sin	E.	rea	pe	
h	9	Pag	٦, 0	E	
	n 2	ily fi	atio	=	
ŝ	with	plete	Степ	ent	
ŕ	ted	E03	100	6	l
2	Necu	and	ğ	atle	
<	pe e	ian	2 70	aum	l
2	ate	ysic	bu	T t	l
	rrife	ld br	Diene.	othe	l
?	h ce	and di	Ŧ	0	l
,	deat	atte	enta	Š	l
2	the	the A	N P	를	l
É	that	4 96	h an	any	l
2	Ires	Sign	leaft	N.S.	l
1	nbau	Les Se	6	9	l
	3W	S D	ept.	23	l
(The	te h	e D	E	l
	S	ifical	Sta	E	l
	SICI	Cert	the Chi	0,	l
5	PHY	this	A STATE	rked	l
	NG	fter	eath	E	l
2	QN	R. A	p Ja	99	l
2	ATT	6	s aft	28	l
DIVISION OF VIEW PECCEDS, T.O. DON 13149,	DR	DIR	Noun	Ten.	l
-	M	M	2	=	ŀ
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi-	
	E H	FF	M D	H	
	TO	TH O	e file	MPC	
	H	H	Ď	=	1

		1 - STATE REGISTRAR
		DECEDENT'S NAME (First, Middle, IDA MAE BREWER SOCIAL SECURITY NUMBER
10		214-26-7580
3-3146 ending physician. as the burial-transit permit. Pages 1, 2, 3 should		9a. FACILITY NAME (If not institution,
2,3	5	GREATER BALTIM
les 1,	EG	10e. STATE 10b. CO
£.	TO BE COMPLETED BY FUNERAL DIRECTOR	MARYLAND BA
E B	AL	10e. STREET AND NUMBER
in. ransit	빌	10106 HARFORD
6 ysicia urial-tu	5	11. MARITAL STATUS 1 Never Merried 2 X Merried
314 ing pl	ВҰ	S Widowed 4 Olvorced
O3-	8	15. DECEDENT'S (Specify only highest
212 al or for us		Elementary/Secondary (0-12)
hospit ached	MP	N/A
ANC the hor e detach	8	17. FATHER'S NAME (First, Middle, Las FRANK LEE
RYI ned by ould b	H	19a. INFORMANT'S NAME (Type/Print)
MA retail 5 sh notif	임	DORIS PITTILLO
may be		20s. METHOD OF DISPOSITION 1XC Burlel 2 Cremetion 3 C
De 6 militarior		4 Donation 5 Other (Specify)
TIM h. Pag eral di		21. SIGNATURE OF FUNERAL SERVI
BALTIMORE, MARYLAND 21203-3146 et death. Page 6 may be retained by the hospital or attending physolate forestor, page 5 should be detached for use as the burity al.		Ahm t
ins afture in by the removements		23. PART I. Enter the diseases shock, or heart fall
EALTIMORE, MARYLAND 2120: BOX 13146, BALTIMORE, MARYLAND 2120: signed by the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attatissigned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use. Health and Mental Hyghes prior to burial, cemation, or removal.		IMMEDIATE CAUSE (Final disease or condition
ithin ithin emative		resulting in death)
146 wated water comportal, cr	_	
and to burd to	õ	Sequentially list conditions, If any, leading to immediate
OX Oxage participation of the control of the control oxage of the contro	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury
O. Bertifica	픋	that initiated events resulting in death) LAST
P. C earth c earth c artered real Hy. or Y. or	띪	resulting in seattly Exer
DS, the d d Mer Injur	A L	PART II. Other significant con
S that need by lifth an any	DICAL CERTIFICATION	INSULIN -
ECC equires of Heal	ME	
L REC law requir as been si Dept. of He 23 show	ä	
ITAL N: The ficate ha State D	호	25. WAS CASE REFERRED TO MEDIC EXAMINER?
	S	1 TYES 2 X NO
Certification of the	1 7	27. MANNER OF DEATH
OF VITAL RE PHYSICIAN: The law req with certificate has been with the State Dept. of	/ PHY	27. MANNER OF DEATH 1 X Natural 5 Pending
ON OF VI	Э ВУ РНУ	1 Natural 5 Pending 2 Accident Investig
ISION OF VI ATTENDING PHYSICIAN CTOR: After this certifi s after death with the 9	TED BY PHY	1 X Natural 5 Pending 2 Accident investig
DIVISION OF VITAL RECORDS, P.O. BOX 13146, L.D. RATENDING PHYSICIAN: The law requires that the death certificate be executed with LINECTOR. After this certificate has been signed by the attending physician and complet hours after death with the State Debt. of Health and Mental Hygiene prior to build, cre item 28 is marked, or item 23 shows any injury, or other traumatic even	PLETED BY PHY	1 💸 Netural 5 Pending 2 Accident Investig 3 Suicide a Could r 4 Homicide a Could r 4 Check only 1 CERTIFYING
DIVISION OF VI SPITAL DR ATTENDING PHYSICIAN NERAL DIRECTOR. After this certif hin 72 hours after death with the 8. NT: It leem 28 is marked, or	OMPLETED BY PHY	1 Netural 5 Pending 2 Accident Investig 3 Suicide a Could in 4 Homicide determit
DIVISION OF VI HE HOSPITAL DR ATTENDING PHYSICIAN HE FUNERAL DIRECTOR: After this certified within 72 hours after death with the ORTANT: It liem 28 is marked, or	E COMPLETED BY PHY	1 S Netural 5 Pending 2 Accident Investig 3 Suicide a Could r 4 Homicide determit
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transitions after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: ME	1 Netural 5 Pending Investig 2 Accident 3 Suicide a Could r 4 Homicide a Certifying (Check only one) 2 MEDICAL EX

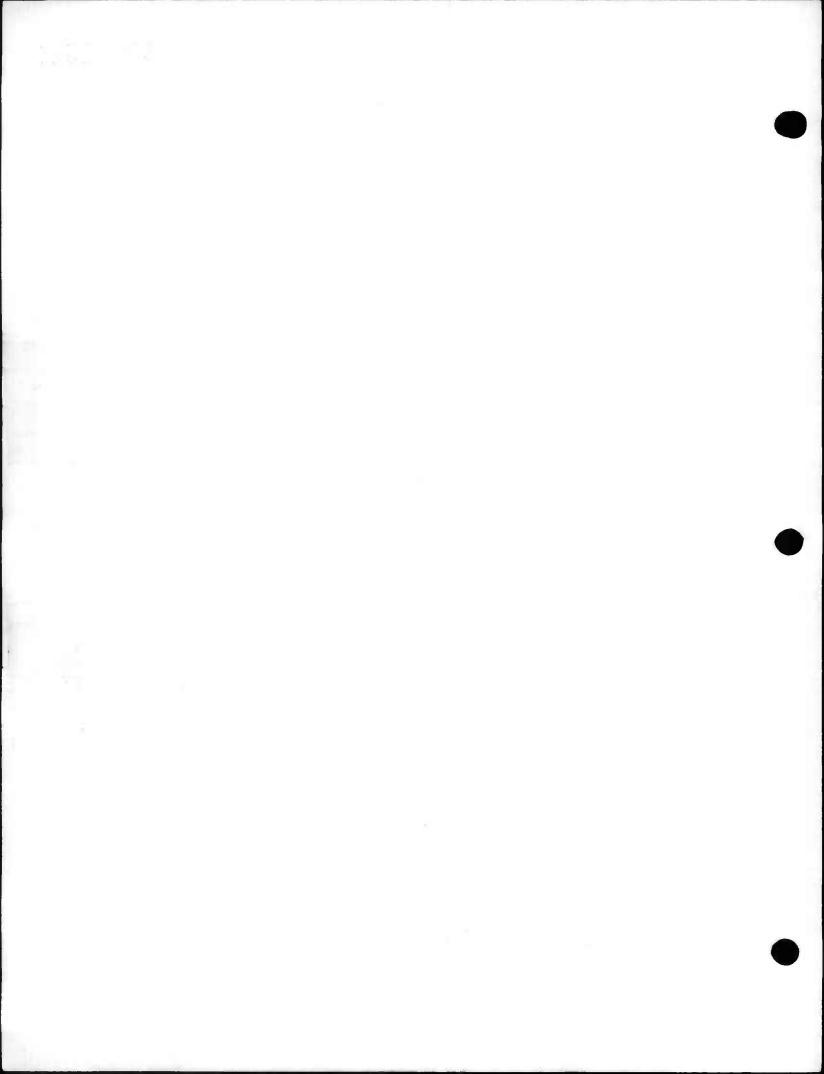
STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	TH		REG NO

1 - FOR STATE OF N	ARYLAND / DEPARTME	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Linst)			2. DATE OF DEATH		3. TIME OF DEATH				
IDA MAE BREWER			MAY 5, 199		3:40 P. M				
4. SOCIAL SECURITY NUMBER 5. SEX		NDER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign untry)				
214-26-7580 1 □ M 2 🗵 F	65 YRS. MONT	HS DAYS HOURS MIN.	APRIL 2, 1	.925 M	ARYLAND				
GREATER BALTIMORE MEDICAL		WSON	210	BALTI					
RESIDENCE OF DECEDENT	OENTER 10	WBON		DALILI	TORE				
10e. STATE 10b. COUNTY	10c. CITY, TOV	WN OR LOCATION			10d. INSIDE CITY LIMITS?				
MARYLAND BALTIMORE	BALTI	MORE			1 TES 2 NO				
10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
10106 HARFORD ROAD		21234		U.S.A					
EODCES 1	T EVER IN U.S. ARMED YES 2 TONO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica		or No— 14. R.	ACE — American Indian, lack, White, etc.				
1 Never Merried 2 Merried IF YES, GIVE W		1 YES 2 X NO Specifi			pecify: LTE				
15. DECEDENT'S EDUCATION	16a. DECEDENT'S USWA	I OCCUPATION	16b. KIND OF BUS	1					
(Specify only highest grade completed)	(Give kind of work d	one during most of working	TOU. KIND OF BOS	INESS/INDOSTR	'				
Elementary/Secondary (0-12) College (1-4 or 5 - N/A N/A) HOMEMAKER		OWN HOM	TE.					
17, FATHER'S NAME (First, Middle, Last)	110111111111111111111111111111111111111		ME (First, Middle, Maiden S						
FRANK LEE		DORIS S	SMATT.	1795.61					
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street end Number or Rural		, State, Zip Code,					
DORIS PITTILLO (DAUGHTER)	10122 FO	NTAINE DRIVE,	BALTIMORE.	MARYLA	AND 21234				
200. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION	N (Name of cemetery, crematory or		CATION — City o					
125 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	MORELAND ME	MORIAL PARK	BALT	'IMORE,	MARYLAND				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY EDAT TOME	TNC					
the Follie		SCHIMUNEK FUNI 9705 BELAIR RO	DAD, BALTIM	IORE, MA	ARYLAND 21236				
23. PARTA. Enter the diseases, or complications the shock, or heart failure. List only one cau		nter the mode of dying, suc	h as cardiac or reapli	ratory arreat,	Approximate Interval Between				
IMMEDIATE CAUSE (Final					Onset and Death				
disease or condition resulting in death)	BOTIC THRONG	octropedic Pur	PURA		48 HOURS				
DUE TO	(OR AS A CONSEQUENCE OF):								
Consequent alter that consider an	INFECTION				5 days				
If any, leading to immediate	(OR AS A CONSEQUENCE OF):								
CAUSE (Disease or Injury	(OR AS A CONSEQUENCE OF):								
that initiated events resulting in death) LAST	(or no processes or pr								
d									
PART II. Other significant conditions contributing to			Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
INSULIN - BEPENSANT	SIMETES MELL	703	1 _ YES 2	- NO	COMPLETION OF CAUSE OF DEATH?				
					1 - YES 2 -46				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	neck only one)						
HOO! HAE.		HER: Nursing Home 5 - Residence	6 Other (Specify)						
27. MANNER OF DEATH 266. DATE OF (Month, L		28c. INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCURE					
1 X Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
3 Suicide a Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
4 Homicide determined									
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, death occurred at	the time, date and place, and due	to the cause(e) and man	ner as stated.					
one) 2 MEDICAL EXAMINER: On the basis of e	xamination and/or investigation, in	my opinion, death occured at the	time, date and place, an	d due to the cau	se(e) end manner ee stated.				
AND CONTRACT AND THE OF OFFICER		29c. LICENSE NU	MBER						
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. 190 5/7/90									
Sural R. Kolem up		39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
Suran R. Kolem wo		"			190				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYL REGISTRAR		MENT OF H		NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)			2	. DATE OF DEATH		3. TIME OF DEATH
	Donald Hackett Bedford			1	May 1,	1990 ^{**}	10:35Pm M
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	6. E	NRTHPLACE (State or Foreign
	169-16-9479 ¹₺™²□F 6	7 YRS.	MONTHS DAYS	HOURS MIN.	8/25/22	1	NEW JERSEY
~	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEAT	Н	9c, COUNTY	OF DEATH
DIRECTOR	Kent & Queen Anne's Co. Hospi	tal INC.	Cheste	rtown		Kent	
RE	10s. STATE 10b. COUNTY	-0-3	, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MD. KENT	СН	ESTERTO				1 YES 2 NO
RAL	10e. STREET AND NUMBER		100	ZIP CODE			OF WHAT COUNTRY?
FUNERAL	RT. 1 BOX 265 11. MARITAL STATUS 12. WAS DECEDENT EVER			21620		U.S.	
	1 Never Married 2 Married FORCES? 1 TO YES, GIVE WAR OR C	2 NO	If yes, sp	ENDENT OF HISPANIC acity Cuban, Mexican, I 2 XNO Specify:			RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	AIES	I I TES	2 KNO Specify:			Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S I	ork done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use			1		
MP	17. FATHER'S NAME (First, Middle, Last)	RET. P	AINTER				
	RAYMOND BEDFORD				(First, Middle, Maiden JDE HACKE		
H	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou			(e)
2	MRS. MARJORIE JONES (sister			5, Chester			
	20a. METHOD OF DISPOSITION 1	b. PLACE OF OISPOS other place)				CATION — City	or Town, State
	4 10 Donation 5 Other (Sp.city)	other place)					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	5-7-90		ID ADDRESS OF FACIL			
	1 Januar 1 Salles	2	STAT	E ANATOMY	BOARD, B.	ALTO.,	MD. 21201
	23. PART Enter the diseases or complications that cause ahock, or haart failure. List only one cause on		ot anter tha mo	da of dying, such a	a cardiac or respi	ratory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	idell inig.					Onset and Death
	resoluting in death)	NUNIM					8 days
	DUE TO (OR AS	A CONSEQUENCE OF	7):				
ON	Sequantially list conditions, DUE TO (OR AS	A CONSEQUENCE OF):				
¥	if any, leading to immediata cause. Enter UNDERLYING		,				
Ĕ	that initiated events	A CONSEQUENCE OF	7):				
CERTIFICATION	resulting in death) LAST						
	PART II. Other significant conditions contributing to death	but not resulting i	n tha undariyin	g gause given in Pa	irt i, 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S				4.1	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Hodakins Lymphon		TAIL OIL		1 YES 2	W NO	OF DEATH?
2					-		7
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check	confy one)		
SIC	EXAMINER? 1 YES 2 100 HOSPITAL: 1 1 Inputient 2 ER/Ou	Ipatient 3 🗆 DOA	OTHER: 4 Nursing Horn	sa 5 🗆 Realdenca 8	Other (Specify)		
F	27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TiMi	URY WO	PRK?	8d. DESCRIBE HOW I	NJURY OCCUR	ED
B	2 Accident Investigation			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	Y — At home, farm, a ecify)	treet, factory, offic	• 2	8t. LOCATION (Street of City or Town, State)		iurai Route Number,
<u> </u>	29a, CERTIFIER		_				
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kno (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminetic						wards) and managed as about
8		on and/or investigatio	n, in my opinion, c				
BE	295 SIGNATURE AND TITLE OF CERTIFIER	44 0		D // U	BU	29d. DATE SI	ONED (Month, Day, Year)
2	So, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type)	Print)	107	1 1	, 2/	4170
	Wayne D. Benjamin, mi	Mo.	Ical B	da Ch	sterbu) N /	Nd 21620
	31. DATE CILER MONTH, Day, 1987)	S(ris)	Close As	1))	101 61-0
- 1	I MAIO 1990 Advisor	200					



use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAY 8 1990

32, REGISTRAR'S SIGNATURE

								9	U	12322
	1 - STATE REGISTRAR	STATE OF MARYLA		IMENT OF H			YGIENE EG. NO.			
	1. OECEOENT'S NAME (First, Middle, Lest)					2. DATE OF S	DEATH	YEA	3. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	Margaret	Vrs. last birthday)	Bennett IF UNDER 1 YEAR	IF UNDER 24 HRS.	May 7. DATE OF E				: 55PM M E (State or Foreign
	231-01-5606	1 M 2 X F	72 YRS.	MONTHS DAYS	HOURS MIN.	APRIL	13,191	8	VIRG	INIA
E E	90. FACILITY NAME (If not institution, give str Maryland General	et and number) L Hospital			more Cit		9c.	COUNTY O	F DEATH	
5	RESIDENCE OF DECEDENT		1						Total	
DIRECTOR	MARYLAND 106. COUNTY		10e. CITY	BALTIM	10RE				1 (X	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	POPLAR MANOR 3313	POPLAR ST.		10f.	21216		10g.		S.A.	COUNTRY?
J.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			— 14. R	RACE — A Black, Whi	merican Indien, ita, etc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR OAT		1 TYES				S	Specify: WH	ITE
E	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during mo	ON st of working	16b, KIN	D OF BUSINES	3/INDUSTR	IV	
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)		USE WIFE						
OM	17, FATHER'S NAME (First, Middle, Last)		110	OSE WITE	18. MOTHER'S NAI	ME (First, Midd	le, Meiden Suma	ne)		
ш	JOHN B. GALVIN				MARY	M. Mo	CANN			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &	nd Number of Rural F	Route Number, (City or Town, Stal	e, Zip Code))	
F	ROBERT T. WOODWORTH 8928 SATRY HILL RD. BALTIMORE MD. 21234									
	20e. METHOO OF DISPOSITION 1 □ Burlel 2 W Cremation 3 □ Remo	oval from State	other place)	UNT 5/11			BALTI			
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			O ADORESS OF FA	CILITY	TIMORE			
	Downish!	abiliano	APITANU	LEONA	RD J. RU					
	23. PART I. Enter the diseases, Dr c	omplications that caused	the deeth. Do n							Approximate
	IMMEDIATE CAUSE (Final								interval Between Onset and Death	
	disease pr condition resulting in desth) Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF):									
2	Advance Neurological Disease									
RTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF	F):						
F	resulting in death) LAST	d.								
CE	PART ii. Other significent condition	e contributing to death he	it not moulting	in the underlyin	a cours alves in	Don't l 24	a. WAS AN AUTO	nov I	245 WEI	RE AUTOPSY FINDINGS
MEDICAL	TAIT III OUT SIGNIFICANT CONTRICT	a contributing to death of	it not resulting	in the underlying	g couse given in		PERFORMED	'	AWA	ILABLE PRIOR TO MPLETION OF CAUSE
EDI						_ 1	□ YES N\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	°		DEATH?
						_				, 100 1 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF GEATH (Ch	eck only one)				
SIC	1 YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	ntient 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 Other (S	pecify)			
PH	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	26e. DATE OF INJURY (Month, Day, Yeer)	28b. TIM	URY WO	JURY AT DRK?	26d. DESCR	BE HOW INJUR	Y OCCURE	ED .	
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home form		YES 2 NO	28f LOCATIO	DN (Street end N	umber or B	hunel Broude	Number
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci	(fy)	arreary, orre		City or 1	own, State)	##DG G 71	Dian Product	, and the same of
COMPLET	anal any	ICIAN: To the best of my knowle							use(s) an	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		0.7		29c. LICENSE NUI					nth, Day, Year)
) BE	AND SIGNATURE AND THE OF CENTIFIES	Klin	20iuz		n/a		>		/4/9	
2	30. NAME AND ADDRESS OF PERSON WH ROdrigo	Diaz, M.D.			Marylan	nd Gene	aral Wo	enit	21	
				0,0		a Gelle	LUI IC	SPIC	at	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Carl	Jonathai		Bowie		2. DATE OF DEATH MONTH 4-90	YE YE	0.0	25AM M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- (Country)	CE (State or Foreign
	234-11-2660 Sa. FACILITY NAME (If not institution, give str	1 M 2 F	19 YRS.	9h CITY TOWN C	OR LOCATION OF DE	9/11/70	9c. COUNTY		NGTON D.C.
H.	Oakland MILLS HI			Colum			Howar		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CIT	Y, TOWN OR LOCAT	TION				. INSIDE CITY
DIRECTOR	Name of the second seco	VARD		OLUMBIA	TON				LIMITS?
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN		
FUNERAL	5906 MORNINGBIRD				21045			S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 DINO	If yes, sp	ecity Cuben, Mexica	NIC ORIGIN? (Specify Yee in, Puerto Rican, etc.)	or No— 14.	Black, Wh	American Indian, lite, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 U YES	2 NO Specifi	y:		Specify: WH	ITE
TED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION	ON ast of working	16b. KIND OF BUS	SINESS/INDUST	(RY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	5-51-1111	ANT TEAC	пер	TOVING C	ADE IE	ADNITI	NG CENTER
MO	17. FATHER'S NAME (First, Middle, Last)		MODIDI	IIII IIIIO		ME (First, Middle, Maiden		AKNII	NG CENTER
ш	LEO C. BOWIE				SANDRA	AYLOR			
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
-	JAMES KEYSER					COLUMBIA,	MD.		
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Remo	o. PLACE OF DISPO other place) GREENFIE:	EENFIELD CEMETERY					W. VIRGINI	
	21. SIGNATURE OF FUNEBAL SERVICE LICE	ENSEE	10		ND ADDRESS OF FA	CILITY			
	Kusseuce	and of	Le .	LEROY	M. & RU	LLS RD. CO SSELL C. W	ITZKE	, MD. FUNEI	RAL HOME
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that cause	d the death. Do	not enter the mo	ode of dying, suc	h sa cardiec or respi	ratory arrest	,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	V. T. Market Hills Co.	11.21						Onset and Death
	resulting in death)								
Z									
TIO	Sequentially list conditions, if any, leading to immediate								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS /	A CONSEQUENCE O	OF):					
FE	that initiated events resulting in death) LAST	L.							
	PART II. Other significant conditions	s contributing to death t	out not resulting	in the underlyin	a ceuse alven in	Part I. 24s. WAS AN	AUTOPSY	24b WE	RE AUTOPSY FINOINGS
ICAL		- %	•	,		PERFOR	RMED?	COL	MPLETION OF CAUSE
MEDI									DEATH?
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C/		Scene		
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b, TII	WE OF 28c. IN.	JURY AT	Other (Specify) 28d. DESCRIBE HOW			
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	5-4-90 (Month, Day, Year)	IN	M 1 🗍	ORK? YES 2XXNO	Subject h	nandged	d sel	.f
0	XXXXX 6 Could not be	26e, PLACE OF INJUM building, etc. (Spe	icity)		20	28f. LOCATION (Street City of Town, State)	1		
ETE	4 Homicide determined			l field		Oakland N	ATTI H:		
COMPLETE	29e. CERTIF 1 CERTIFYING PHYSIC (Check 1971) 1 CERTIFYING PHYSIC (CIAN: To the best of my know	viedge, death occur on end/or investigati	red at the time, date ion, in my opinion,	e and place, and dud death occured at the				Inty, MD d manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER	29d. DATE S	1GNED (Mo	onth, Day, Year)
5	38. NAME AND ADDRESS OF PERSON WH	a complete super service	PAYLE (1700		OCME) J.	4-50	,
	James Kaplan, MD		111		ceet,Balt	timore,MD 2	21201		VC
	31. DATE AT 8" 1990 4	32. BEGISTRAR'S SIA	NATURE L						

3. TIME OF GEATH

10d. INSIDE CITY LIMITS? 1 TES 2 XNO

14. RACE — American Indian, Black, Whits, etc.

Approximate interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

7-90.

29d. DATE SIGNED (Month, Day, Year)

5-

6. BIRTHPLACE (State or Foreign

1:58P.M. M

10g. CITIZEN OF WHAT COUNTRY?

BE COMPLETED

2

4 Homicide 29s. CERTIFIER

(Check only one)

296. SIGNATURE AND TITLE OF CERTIFIED

Abdolhamid Ghiladi

2 MEDICAL EXAMINER: On the limit

Moden

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		1. DECEDENT'S NAME (First, Middle, Last) ANNA MAD	ELINE BLACK	7				2. DATE 0 MONTH	F DEATH DAY	190	3. TIME OF C
4/		4. SOCIAL SECURITY NUMBER 213-74-9524	5. SEX 6. A	GE (In yrs. lest		IF UNDER 1 YEAR		7 DATE O		6.	1:58E BIRTHPLACE (State of Country) Md.
2, 3 should	TOR	98. FACILITY NAME (If not institution, give st GREATER BALTIMO	reet and number)	-			N OR LOCATION OF DE		3,1030	9c. COUNTY BALT	
t. Pages 1,	DIRECTOR	10s. STATE 10s. COUNTY Md. Harf				томи ов гос	CATION				10d. INSIDE (LIMITS?
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 115 Shell Cove Court					101. ZIP CODE 21085			USA	OF WHAT COUNTR
-3146 ding physician. the burlal-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR OF	ES 2 N	MED O	If yes,	ECENDENT OF HISPAN specify Cubsn, Maxics ES 2 NO Specify	n, Puerto Ri	(Specify Yes		RACE — American Black, White, etc. Specify: VIITE
AND 21203-3146 the hospital or attending physician detached for use as the burlat-trail	APLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DEC (Gh life.	ve kind of wo Do NOT use	SUAL OCCUPA rk done during retired.) EWIFE	TION most of working	18b. I	KIND OF BUS	INESS/INDUST	/RY
MARYLAND ; retained by the hospit : 5 should be detached	d at once.	17. FATHER'S NAME (First, Middle, Last) Henry Lawrence Litz					16. MOTHER'S NA Eulogia	Galla	gher		
8 8 m	-	199. INFORMANT'S NAME (Type/Print) Dr. Louis Lortz 19b. Mailling Address (Street and Number or Rural Route Number, City or Town, State, Zip 115 Shell Cove Court Joppatowne, Md. 21085									1e)
	20a. METHOD OF DISPOSITION 1/ Buriel 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	ovel from State	Morela	of disposition of Mem	TION (Name of	ey 9, 1990		1	imore,	or Town, State	
BALTIMORE, after death. Page 6 may y y the funeral director, pag	examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	1	bladd	uv		and address of fa lard J. Ruck		5305 Ha	irford R	bad 21214
in cours afturely filled in by terroration, or remo	ent, the medical	23. PART I. Enter the diseasee, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of DUE TO (OR A	fe line.	56	rola		h aa cerdi	ec or reapir	retory arrest	Appro Interve Onset
, P.O. BOX 13146, death certificate be executed within a strending physician and completely enter Hyglere prior to burial; cremate my. or other traumatic event, 1	other traumatic	Sequentielly list conditions, if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEO	DUENCE OF):						
RECORDS, P. (requires that the death to been signed by the attend t. of Health and Mental H.	hows any Inju	PART II. Other eignificent condition	e contributing to deel	th but not re	esulting in	the underly	ing cause given in	_	24a. WAS AN APERFORI	MED?	24b. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH? 1 YES 2
as as	Item 23 SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3	DOA	OTHER:	PLACE OF DEATH (Ch				<u> </u>
OF PHYSIC this ce with ti	marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye.	IRY	28b. TIME INJU	OF 28c.	INJURY AT WORK?			NJURY OCCUR	IED
SION TENDING I	ED B	3 Suicide 6 Could not be determined	26s. PLACE OF INJ building, atc. (IURY — At hor (Spec/fy)	me, farm, st	reet, factory, o	ffics	28f. LOCA City o	TION (Street a r Town, State)	and Number or	Rural Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

MD 7600 Osler Drive Towson, Md. 21204

32, RECHETRAD'S SIGNATURE A

axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

FOR STATE REGISTRAR

DHMH-16 Rev 1/89

v2

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tibus after death. Page 6 may be retained by the hospit	he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remov
	ir death. Page 6 may be retained by the hospit	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Beck 1. Decodering NAME (First, Modes, Last) Gretchen V. Beck 1. SACE (In yrs. last Defined) 1. SACE (In yrs. last Defined) 9. SOLTY, TOWN OR LOCATION (Inc. Days) 9. SOLTY, TOWN OR LOCATION OF DEATH 9. SOLTY, TOWN OR LOCATION OF DEATH 10. SUPPLY MAME (If not minimizer, plus shows and number) 9. SOLTY, TOWN OR LOCATION OF DEATH 9. SOLTY, TOWN OR LOCATION OF DEATH 10. SUPPLY MAME (If not minimizer, plus shows and number) 9. SOLTY, TOWN OR LOCATION OF DEATH 10. SUPPLY MAME (If not minimizer, plus shows and number) 9. SOLTY, TOWN OR LOCATION OF DEATH 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 10. SUPPLY MAME (If not minimizer, plus shows and number) 11. MANITAL STATUS 12. WAS DECODENT TOWN OR LOCATION 13. WAS DECODENT TOWN OR LOCATION 14. SUPPLY MAME (If not minimizer) 15. WAS DECODENT TOWN OR LOCATION 16. SUPPLY MAME (If not minimizer) 16. SUPPLY MAME (If not minimizer) 17. FAILED NUMBER (If not minimizer) 18. SOLUTION OR LOCATION 19. SUPPLY MAME (If not minimizer) 19. SUPPLY MAM									
1									
928 Prestwood Rd. Baltimore Bal									
Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify only highest grade completed Specify only highest grade grade only highest grade gra									
Specify Spec									
Specify Spec									
19a. INFORMANT'S NAME (TyperPrint) Diane Culotta 19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 19a. METHOD OF DISPOSITION 12a. METHOD OF DISPOSITION 12b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20a. METHOD OF DISPOSITION 12b. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 12c. LOCATION — City or Town, Stele 12d. Donation S — Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Edward J. Weber F.H. 5311 Edmondson Ave 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, interval Betw Onset and Do disease or condition 15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 212. NAME AND ADDRESS OF FACILITY Edward J. Weber F.H. 5311 Edmondson Ave 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Interval Betw Onset and Do 15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City									
19a. INFORMANT'S NAME (TyperPrint) Diane Culotta 19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 19a. METHOD OF DISPOSITION 12a. METHOD OF DISPOSITION 12b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20a. METHOD OF DISPOSITION 12b. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 12c. LOCATION — City or Town, Stele 12d. Donation S — Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Edward J. Weber F.H. 5311 Edmondson Ave 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, interval Betw Onset and Do disease or condition 15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 212. NAME AND ADDRESS OF FACILITY Edward J. Weber F.H. 5311 Edmondson Ave 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, Interval Betw Onset and Do 15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City or Town, Stele, Zip Code) 20c. LOCATION — City									
19a. INFORMANT'S NAME (Type/Print) Diane Culotta 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Page Prestwood Rd. Baltimore 12c. METHOD OF DISPOSITION 12c. Memoval from Stata 12c. Memoval from Stata 12c. Name of cometery, crematory or other piece) 12c. Name and Address of Facility 12c. Name and Name									
1 Duration 2 Cremation 3 Removal from State A Donation Cathedral Cemetery Baltimore, Maryland									
Edward J. Weber F.H. 5311 Edmondson Ave 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, abook, or heart to ure. List only one cause on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):									
ahock, or heart were. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
# #12 heimers 1/2 yes 2 □ NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home S Frésidence 6 Other (Specify)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
3 Suicide 8 Could not be detarmined Suicide 4 Homicide detarmined									
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER Low MD 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 5/7/90									
JEFFREN F. COLEMIA 3455 Wiltens Are But mel 2122									
31. OATE FILEO (MONTH, Day, Ybar) 32. REGISTRAR'S SIGNATURE Guha Dendoon-Rindare DHMH-16 R									

ath. Page 6 may be retained by the hospi	meral director, page 5 should be detached		aminer must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AN: The law requires that the death cer	tificate has been signed by the attending	e State Dept. of Health and Mental Hygi	ir Item 23 shows any injury, or o
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert	be filed withln 72 hours after death with the	IMPORTANT: If Item 28 is marked, o

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENI BEG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C				3. TIME OF DEATH	
	Lester	L.	Во	lander		Мау	1	19	90	3:58 am™	
		5. SEX 6. AGE (1	n yrs. lest birthday) YRS.	MONTHS DAVE HOUSE MIN (Month, Day, Year)					.919 a. BIRTHPLACE (State or Foreign Country) Maryland		
æ	9a. FACILITY NAME (If not institution, give street 2655 Lehman St.	et and number)			altimore			9c. COUNT	Y OF DE	4	
읽	RESIDENCE OF DECEDENT							Dul	C I III C	ic ofty	
DIRECTOR	Maryland Anne	Arunde1	10c. CIT	Y, TOWN OR LOCAT	Pasade	na				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	100. STREET AND NUMBER 204 Hillcrest Rd.			101	ZIP CODE 211	22				States	
N.		12. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN		(Specity Yes		4. RACE	- American Indian,	
BY FI	1 Never Merried XXX Married 3 Nidowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR DA W W II	2 NO ATES		2 NO Specify		icen, etc.)		Black, Specify	White white	
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (9-12)	TION	16a. DECEDENT'S (Give kind of Ille. Do NOT u	USUAL OCCUPATE work done during mo se retired.)	ON st of working	18b.	KIND OF BUS	INESS/INDU	STRY		
P	12	,	Ma	ître 'd			Re	staur	ant		
ğ	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, M					
BE (William	Harry	Bolan		Ida		Virg			aylor	
5	19a. INFORMANT'S NAME (Type/Print) Raymond L. Bartle	tt, Jr.			Ave., Ba					-4724	
	20e. METHOD OF DISPOSITION 1	rel from State	other place)	SITION (Name of cer	netery, cremetory or Cemeter	v		CATION — CI		rn, State .e, MD	
	21. SIGNATURE OF FUNERAL SETTIONE LICE		dryrana		D ADDRESS OF FA			LOWIIS	VIII	.e, 110	
	· Stolu D. a	Lumin	an)		ly Funer Mountain					21122	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death										
	disease or condition resulting in death)	DUE TO OH AS A	CONSEQUENCE C	oelley	no t	-				11/11	
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):										
H	resulting in death) LAST										
	PART II. Other significant conditions	contributing to death b	ut not resulting	in the underlyin	a cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL				in the underlying cause given in Part I.			PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED					1 -			1 YES 2 NO OF DEATHY		OF DEATH?	
2									1 YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only on	0)				
SIC		HOSPITAL: 1 Inpetient 2 ER/Outp	patient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🖪 Residence	6 🗌 Other	(Specify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY W	JURY AT	28d. DES	CRIBE HOW I	NJURY OCC	URED		
ВУ	2 Accident Investigation	DO - DE ACE OF IN HIE			YES 2 NO	201 1 000	TION (0	and March and			
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic			ATION (Street a or Town, State)		or Muraii H	oute Number,	
COMPLETED	cont only	IAN: To the best of my know								and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	. 12			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Mogth, Day, Year)	
TO BE	Mysuchole	uper X	-5		DO87	180		Þ 3	5/2	196.	
F,	ALE ANDRO ME	COMPLETED CAUSE OF DE		e, Print)	KRD (Ato	rouil	le i	10	21228.	
31. DATE FILED (MOUTH, DOK, 100) 32. REGISTRAR'S SIGNATURE MAY 8 1990 God Davidson Anna											

.2	X		4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yra	i. last birti
+			216 16 1980		1 💢 M 2 🗌 F	66	Υ
1)	should		9e. FACILITY NAME (If not in				
	2, 3	E	North Arun		spital		
1	£.	ភ្ជ	RESIDENCE OF DEC	10b. COUNTY	,		10
	ing physician. the burial-transit permit. Pages 1,	DIRECTOR	Maryland		ne Arunde	21	- 1
	Ę.		10e. STREET AND NUMBER				
	# B	\ <u>₩</u>	207 Circle	Rd.			
	trans-	FUNERAL	11. MARITAL STATUS	: Mu	12. WAS DECEDEN	T EVER IN U.S	ARMED
9	ohysic			Married	FORCES?		■ NO
6	fing the	B	3 Widowed 4 Dive	rced	1943 -	1951	
င်္ဂ	attendi se as	입		EDENT'S EDU		16e	. DECED
12	the hospital or att detached for use once.	ᇦ	Elementary/Secondary (6		College (1-4 or 5	+)	(Give ki life. Do i
Q	ospitz thed	를	9				Pe
A	the hos detach once.	COMPLETED	17. FATHER'S NAME (First, M	ficidie, Last)	_		
Ž	d be	BE (Vernon		L.		
AR	5 should be	0	19a. INFORMANT'S NAME (19b. M/
Σ	y be re page 5	-		essling	3		20
Ë,	may x, pa		20a. METHOD OF DISPOSIT		ovel from State	20b. Pt.	ACE OF C
ō	irection I		4 Donation 5 Other			_ Mai	yla
É	death. Page 6 ma e funeral director, s i. examiner must		21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician by the funeral director, page 5 should be detached for use as the bunial-tranmoral. Ical examiner must be notified at once.		Stype	u D	dalyn	un	
	within 24 flours after npletely filled in by the cremation, or removal vent, the medical		23. PART i. Enter the d		complications the		
	wecuted within 24 hours and completely filled in burial, cremation, or re hatic event, the med		IMMEDIATE CAUSE (FIG		List only one ca	use on each	mro.
	in 24 ely fille nation.		disesse or condition resulting in death)	\rightarrow	.CAR	DIA	C
တ်	omplete omplete il, cremi event,		resulting in overn)		DUE TO	OF AS A CO	NSEQUE
314	te be executed ysician and con prior to burial, traumatic er	Z	Convertally list condit		a CAR	DIAC	
×	e be execute sician and control to buria traumatic	CERTIFICATION	Sequentially list condit if any, leeding to imme	diete	DUE YO	(OR AS A CO	NSEQUE
000	physician ne prior to	2	CAUSE (Disease or inju		a ME	151	1
O.	ding phy Hygiene p	늗	that initiated events resulting in death) LAS	т	DUE 10	OR AS A CO	MSEQUE
Р.	attending rital Hygier 7, or oth	员			d		
AL RECORDS, P.O. BOX 13146,	E Me		PART ii. Other aignific	ent condition	na contributing to	death but r	not resu
문	that the ed by the and any in	MEDICAL					
္မ	e law requires that has been signed by Dept. of Health an	AEC					
H	w requirement, of	-					
A	the law be to Dept.	IAN:	25. WAS CASE REFERRED	O MEDICAL			
T		Sic	1 YES 2 00		HOSPITAL:	☐ ER/Outputie	nt 3 🗆 I
IL.	PHYSICIAN: 1 this certificat with the Starked, or ite	PHYSICI	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	26
0	NG PHYS fter this c eath with marked,	ВУ	1. Netural 5 2 Accident	Pending Investigation	1	,,	
DIVISION OF VIT	ON A P S		3 Suicide 6	Could not be		OF INJURY -	At home,
18	ECTOR: S after	E	4 Homicide	determined			
á		COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	of my knowledg	e, death
	THE FUNERAL fled within 72 PORTANT: If	MO	Amel .	ICAL EXAMINI	ER: On the basis of	examination an	d/or Inve
	E FUNER I within		296. SIGNATURE AND TITIS	OF CERTIFIE	R //	0 ~	7
		BE	- sella	A	Greal	21.22	, _
	6 6 3 ₹	0	1000	79 . 1		//	

MAY 8 1990

1 - STATE REGISTRAR	STATE OF I				F HEALTH		MENTAL HYGIE		90	12527
1. DECEDENT'S NAME (First, Middle, Last,	1		1				2, DATE OF DEATH			3. TIME OF DEATH
William	H. B	esslin	g				Mav 5	DAY	990	4:25 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	HPLACE (State or Foreign
216 16 1980	1 💢 M 2 🗌 F	66	YRS.	MONTHS DAY	rs HOURS	WIN.	July 29,1	923		yland
9a. FACILITY NAME (If not institution, give	street and number)		1	9b. CITY, TOV	VN OR LOCATI	ON OF D	EATH	9c. COU	INTY OF D	DEATH
North Arundel H	ospital			Gle	n Burn	ie		Ann	e Ar	undel
RESIDENCE OF DECEDENT			Les owne	TOUR 00 1						10d. INSIDE CITY
U. C.	ne Arunde	e1	10c. CITY,	TOWN OR LO	CATION	Pas	sadena			LIMITS?
10e. STREET AND NUMBER					101. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
207 Circle Rd.						2112	22	Un	ited	States
11. MARITAL STATUS		YT EVER IN U.S. AR					NIC ORIGIN? (Specify Y		14, RAC	E — American Indian,
1 Never Married 2 XXMarried		YES 2 1	МО		, specify Cubs		an, Puarto Rican, etc.)		Spec	k, White, alc.
3 Widowed 4 Divorced	1943 -	1951			2121					MILLE
15, DECEDENT'S ED (Specify only highest grad	UCATION de completed)	(G	ive kind of wo	JSUAL OCCUP ork done during	ATION most of working	ng	18b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe	. Do NOT use						0	0 1:
9			POLIC	ce Off					CIT	y Gov't.
17. FATHER'S NAME (First, Middle, Last) Vernon	L.		Bess	sling		rjo1	MME (First, Middle, Maide rie	n Surname) M .	,	Fisher
19a. INFORMANT'S NAME (Type/Print) Alice E. Besslin	ıg	19					Route Number, City or Radena, Man			.122
20s. METHOD OF DISPOSITION	ward days Chats	20b. PLACE other pi	OF DISPOSI	ITION (Name o	cematery, crer	netory or	20c. i	OCATION -	- City or To	own, State
1 🕅 Buriel 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	movel from State			Vetera	ns Cem	ete	ry Cr	ownsv	rille	e, MD
21. SIGNATURE OF FUNERAL SERVICE	CENSEE				E AND ADDRE					
> Stall X	1211						al Home of Rd., Pasa			1 21122
Julia V	USTAN	un	~~							
23. PART i. Enter the disesses, or	complications the	at caused the de	eath. Do no							
23. PART i. Enter the disesses, or ahock, or heart failure	complications the List only one ca	at caused the de use on each line	eath. Do no e.							Approximate Interval Between
23. PART i. Enter the disesses, or ahock, or heart failure immediate CAUSE (Final disesse or condition	complications the	at caused the deuse on each line	eath. Do no							Approximate
ahock, or heart fallure immediate cause (Final	s. Complications the List only one ca	DIAC	eath. Do no							Approximate Interval Between
ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	s. CAR	DIAC	QUENCE OF							Approximate Interval Between
immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	s. CAR	or caused the deuse on each line O (OR AS A CONSE O (OR AS A CONSE	QUENCE OF	RFE	STYTH	ing, suc	ch as cardiac or res	piretory a		Approximate Interval Between
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	s. Approximately by Due to	DOOR AS A CONSE	QUENCE OF	RFE	STYTH	ing, suc	ch as cardiac or res	piretory a		Approximate Interval Between
immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate	s. AR DUE TO DUE TO C. AR DUE TO	O (OR AS A CONSE	QUENCE OF	RFE SEPH	STYTH	ing, suc		piretory a		Approximate Interval Between
ahock, or heart fallure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	s. AR DUE TO DUE TO C. AR DUE TO	DIACONSE	QUENCE OF	RFE SEPH	STYTH	ing, suc	ch as cardiac or res	piretory a		Approximate Interval Between
ahock, or heart fallure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due To	DIACONSE	QUENCE OF	CAH	YTH,	ung, sud	A ANCE	R	meet,	Approximate Interval Between Onset and Death 25 min 40 min 6 Min 45
immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Due To	DIACONSE	QUENCE OF	CAH	YTH,	ung, sud	ANCE	IN AUTOPS'S ORMED?	meet,	Approximate interval Between Onset and Death 25 min 40 min 6 mon 45
ahock, or heart fallure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due To	DIACONSE	QUENCE OF	CAH	YTH,	ung, sud	ANCE	IN AUTOPS'S ORMED?	meet,	Approximate interval Between Onset and Death 25 min 40 min 6 Man 45
ahock, or heart fallure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due To	DIACONSE	QUENCE OF	CAH	YTH,	ung, sud	ANCE	IN AUTOPS'S ORMED?	meet,	Approximate interval Between Onset and Death 25 m in 40 m in 6 m
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions	s. Due To	DIACONSE	QUENCE OF	ot enter the	YTH	M/J	ANCE Part I. 24a. WAS. PERF	IN AUTOPS'S ORMED?	meet,	Approximate interval Between Onset and Death 25 m in 40 m in 40 m in 6 m
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. Due To d. Dona contributing to	D O OR AS A CONSE	OUENCE OF	ot enter the	YTH,	M/J	ANCE Part I. 24a. WAS. PERF	IN AUTOPS'S ORMED?	meet,	Approximate interval Between Onset and Death 25 m in 40 m in 40 m in 6 m
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	b. Due To c. Due To d. Ona contributing to	D O OR AS A CONSE	OUENCE OF	ot enter the	YTH YNG fying cause 6. PLACE OF E	given in	Part i. 24a. WAS. PERF 1 Peck only one) 8 □ Other (Specify)	IN AUTOPSY 2 NO	7 24	Approximate interval Between Onset and Death 25 m in 40 m in 40 m in 6 m
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH	s. Due to b. Due to c. Due to d. Due to d. Due to d. Due to 28a. Date 0	D O OR AS A CONSE	OUENCE OF	ot enter the RLL): 2 L): OTHER: 4 Nursing URY 286	mode of dy ST YTH GNG flying cause 6. PLACE OF I Home 5 R	given in	ANCE Pert i. 24a. WAS PERF 1 YES	IN AUTOPSY 2 NO	7 24	Approximate interval Between Onset and Death 25 m in 40 m in 40 m in 6 m
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	b. Due To Due To d. Due To Annual Contributing to HOSPITAL: 1-Sinpatient 2 28a. DATE O (Month.)	DOOR AS A CONSE	OUENCE OF	ot enter the CLL): CLL): CTHER: 4 ON Paralog EOF URY M 1	Mode of dy	given in	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY ORMED?	244	Approximate interval Between Onset and Death 25 m in 40 m in 4
ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending	b. Due To b. Due To c. Due To d. Dona contributing to HOSPITAL: 1-Cinpatient 2 28a. DATE O (Month,	DO (OR AS A CONSE	OUENCE OF	ot enter the CLL): CLL): CTHER: 4 ON Paralog EOF URY M 1	Mode of dy	given in	Part i. 24a. WAS. PERF 1 Peck only one) 8 □ Other (Specify)	UN AUTOPSY ORMED? 2 2 2000	244	Approximate interval Between Onset and Death 25 m in 40 m in 4
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 RO 27. MANNER OF DEATH Metural 5 Pending Investigation Accident Investigation	b. Due To b. Due To c. Due To d. Due To d. Due To Annual To Annual To (Month, 1) 28e. PLACE building	D (OR AS A CONSE	OUENCE OF) OUENCE OF) OUENCE OF) resulting ir	ot enter the	mode of dy ST YTH UNG flying cause S. PLACE OF E Home 5 R INJURY AT YES 2 [given in	Part I. 24a. WAS. PERF 1 YES Other (Specify) 28d. DESCRIBE HOL	NAUTOPSY ORMED? 2 NO	244 CCCURED	Approximate interval Between Onset and Death 25 m in 40 m in 4
ahock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Suicide 6 Could not be determined. 29a. CERTIFIER (Check only)	b. Due To b. Due To c. Due To d. Due To d. Due To Annual To Inches to Building (Sician: To the best of	D (OR AS A CONSE	OUENCE OF) OUENCE OF) OUENCE OF) resulting ir 28b. TIME INJU. ome, farm, st	ot enter the CLL): CLL): CTHER: 4 Muraling EOF URY M 1 treet, factory,	mode of dy ST YTH GNG flying cause fis. PLACE OF I Home 5 R INJURY AT YES 2 [office	given in	Part I. 24a. WAS. PERF 1 YES 1 Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(s) and s	IN AUTOPSY OPMED? 2 NO V INJURY OF and Numb help)	CCURED CCURED	Approximate interval Between Onset and Death 25 m in 40 m in 4
ahock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Suicide 6 Could not be determined. 29a. CERTIFIER (Check only)	b. Due To b. Due To c. Due To d. Due To d. Due To d. Due To Due T	D (OR AS A CONSE	OUENCE OF) OUENCE OF) OUENCE OF) resulting ir 28b. TIME INJU. ome, farm, st	ot enter the CLL): CLL): CTHER: 4 Muraling EOF URY M 1 treet, factory,	fying cause S. PLACE OF E Home 5 R INJURY AT WORKY VES 2 office date and place on, death occur	given in	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, Steetle of the cause(s) and residued in the lime, deta and place,	UN AUTOPSY ORMED? 2 2 000 V INJURY O	CCURED or or Rural inted.	Approximate interval Between Onset and Death 25 m in 40 m in 4
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 900 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 2 MEDICAL EXAMINERY 2 MEDICAL E	b. Due To b. Due To c. Due To d. Due To d. Due To d. Due To Due T	D (OR AS A CONSE	OUENCE OF) OUENCE OF) OUENCE OF) resulting ir 28b. TIME INJU. ome, farm, st	ot enter the CLL): CLL): CTHER: 4 Muraling EOF URY M 1 treet, factory,	fying cause S. PLACE OF E Home 5 R INJURY AT WORKY VES 2 office date and place on, death occur	given in	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, Steetle of the cause(s) and residued in the lime, deta and place,	UN AUTOPSY ORMED? 2 2 000 V INJURY O	CCURED or or Rural inted.	Approximate interval Between Onset and Death 25 m in 40 m n 40 m n 40 m n 10 m
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 900 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 2 MEDICAL EXAMINERY 2 MEDICAL E	b. Due To b. Due To c. Due To d. Due To d. Due To d. Due To d. Due To Annual To Inches of Merican the best of Merican the Merican the best of Merican the Merican the best of Merican the best of Merican the best of Meric	DOOR AS A CONSE O (OR A	OUENCE OF	ot enter the CL CTHER: OTHER: 4 Nursing E OF 28 URY M 1 Atreet, factory, In my opinion	fying cause S. PLACE OF E Home 5 R INJURY AT WORKY VES 2 office date and place on, death occur	given in	Part I. 24a. WAS PERF 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Streetly or Town, Steetle of the cause(s) and residued in the lime, deta and place,	UN AUTOPSY ORMED? 2 2 000 V INJURY O	CCURED or or Rural inted.	Approximate interval Between Onset and Death 25 m in 40 m n 40 m n 40 m n 10 m

du Soundson Ronday

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS P.O. BOX 13146

2	Sea.	à
	fler	the
	60	E
	JNOH 47	filled in
5	within	noletely
2	pecuted	and coo
•	9	90
DIVISION OF VITAL PECONDS, T.O. DOA 13140,	TAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after dear	At DESCRIPE After this cartificate has been signed by the attending physician and completely filled in by the fun
,	9	É
-	eat	200
Š	the d	the
-	Jat	2
5	SS	The
1	adniu	an eig
	×	2
1	he la	a hac
	Ę	0.20
•	CA	artif
5	SAK	thie c
-	SING	After
É	EN	ġ
-	A	E
	8	201
1	A	A I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

leath. Page 6 may be retained by the hospital or attending physician. It haps 1, 2, 3 should funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM				GIENE G. NO.		
DECEDENT'S NAME (First, Middle, Last) PATRICIA (2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH 2:15A M
4. SOCIAL SECURITY NUMBER 546-30-6807	5. SEX 8. AGE (1)	YRS.	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 6/22/	ITH Year)	-	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give		96	ANNAPO	LIS	EATH		IE AR	UNDEL
10a. STATE 10b. COUN			POLIS	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1425 S. PENNIN	NGTON LANE		101	2 2140	1		TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAP Holfy Cuben, Maxica 2 NO Specifi	n, Puarto Rican,		Spec	E — American Indian, ck, White, atc. City:
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo		16b, KIND	OF BUSINESS/IN	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DDRESS (Street a	nd Number or Rural	Route Number, Cit	y or Town, State, 2	Zip Code)	
1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) LY 21. SIGNATURE OF FUNE AL SERVICE I	-state remova	5-8-90		E ANATOM		PAT MO	MD	21201
23. PART I. Enter the disease, or abook, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Squa	the death. Do not ach line. CONSEQUENCE OF): CONSEQUENCE OF):						Approximate interval Between Oneet and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other aignificant condition	ona contributing to deeth b	ut not resulting in	the underlyin	g cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. POTHER:	ACE OF DEATH (C)	eck only one)	cifiv)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	URY AT ORK? YES 2 NO	· ·	E HOW INJURY O	CCURED	
3 Suicide 6 Could not b	28s. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre	eet, factory, offic	•	28f. LOCATION City or Tow	(Street and Numb m, State)	ber or Rura	l Route Number,
cool com	SICIAN: To the best of my know NER: On the basis of exeminatio							(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	1 Collin			29c. LICENSE NU	MBER SY	29d. D	ST/2	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	IL 51 F	ATH (ITEM 27) (Type, PI LANKL	rint)	ANNA	PM	121	40/	
WAY 8 1990	32. REGISTRAR'S SIGN	STEAT STATE						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146	_
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	er death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept. of Meath and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should ral.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.	1
		Г

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR 1 - STATE REGISTRAR	STATE OF MAR		/ DEPAR						HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
	DOROTHY	J. CRAI	G						05	0!		90	6:30PM ™
			NGE (In yrs	. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH Day, Year)		8. BIRTI	IPLACE (State or Foreign
	213-34-7520 9a. FACILITY NAME (If not institution, give stre	1 M 2 X F		55 YRS.			R LOCATIO		12/2	3/19:			RYLAND
DIRECTOR	GREATER BALTIMORI	E MEDICAL	CENT	ER	TO	WSON	!				BAL	TIMO	DRE
띭	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY LIMITS?
	MARYLAND			BA	LTIM	ORE							1 💢 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE	Ē			10g. CIT	ZEN OF	WHAT COUNTRY?
Ë	3603 HICKS AVENUE						212	07					
5	The state of the s	12. WAS DECEDENT EV FORCES? 1							C ORIGIN?		or No-		E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR					2 💢 NO					Spec	"Black
	15. DECEDENT'S EDUCA	ITION	160	DECEDENT'S	USUAL OC	CUPATIO	IM .		16b K	IND OF BUS	SINESS/INI	HISTEY	DIACK
	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)		(Give kind of a	work done d	luring mod	st of working	g	low ii		JII 1207 II 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAI	ME (First, Mic	idle, Maiden	Surname)		
BEC	Willi	ams					Mar	у Н	eath				
10 8	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number	City or Tow	n, State, Zip	Code)	01.007
۲	Emmanuel Massey			3603	Hick	KS A	Aver.	ue .	Balt	ımor	e, 1	ID	21207
	20g. METHOD OF DISPOSITION 1.XI Burial 2 Cremation 3 Remove	vel from State	20b. PL/	ce of dispos	SITION (Nai	ne of cen	netery, crem	natory or			CATION —		own, State , MAryland
	4 Donation 5 Other (Specify)		wes	tern						Da	T () T 11	101.6	, MALY LAIR
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE I		-0-			ADDRE:			Son	Fur	era	l Home
	peroy	O hu	Hl	4									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart fedure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	disease or condition resulting in death)	METASTAT											
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, b.	DUE TO (OR	AS A COR	SEQUENCE O	F):								1
K	if any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A COP	SEQUENCE O	F):								
E	resulting in death) LAST												
	PART II. Other significant conditions	contributing to de	nth but n	ot resulting	in the un	derlying	g ceuse g	given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS
CAL										PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
													DF DEATH?
2									_				
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 EF	VOutpetier	it 3 □ DOA	OTHER 4 Num		e 5 □ Re	saldence	8 Other	(Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		28b, TIR	IE OF JURY	28c. INJ	URY AT		28d. DESC	RIBE HOW	NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation				М	1 🗆 1		NO					
ED E	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	(Specify)	t home, farm,	street, fact	ory, offic	•			TON (Street Town, State)		r or Rural	Route Number,
	4 Homicide determined												
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 UPDICAL EXAMINES	Δ.											(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTURES	and	0	1.			29c. LIC	ENSE NUN	ABER		29d. DA	TE SIGNE	D (Month, Day, Year)
D BE	1-11	1/		U							P 9	5/9	5 90
임	30. NAME AND ADDRESS OF PERSON WHO	CONFICETED CAUSE	OF DEATH	(FTEM 27) (Type	, Print)						`		,
- 1	YASER A. SLAYYEH	M.D., G	RM	.C. 6	701_1	V.CH	ARLE	S ST	BAL	TIMOR	E MD	. 2	1204
	"MAY 8" 1990 4	Davidor	SPENALA	ESC.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Its after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detache		IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
y the	e de		1 0
P.	PE		9
tain	shoc		tiffe
De re	5 9		9 no
nay	pa(it b
9	ector		mus
Page	Il din		ner
ath.	Juera		ami
er de	the fi	Sel.	ex
s aft	6	оша.	dlea
Š	E. E.	0	He
9	y m	tion,	the
Athir	letel	rema	ant,
ped v	E COM	al, c	2
Xecu	and	bund	atic
De e	Jan	or to	aun
age	hysic	9 pri	or tr
ertifi	d Du	Dien	oth
0	tendi	II Hy	6
dea	ne at	Aenta	ury,
of the	by th	N Pu	III /
s tha	peu	uth a	am
puire	Dis L	Hea	OWS
W Te	peed	M. Ol	S Sh
le la	has	Dec	n 23
F	cate	State	Her
CA	Sertif	the	0.
NY.S	this (With	ked
NG F	fter 1	eath	mar
Q	R. A	er de	.00
F	ECIO	S aft	1 28
8	DIR	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item
TAL	RAL	2	11
dSO	UNE	rithin	ANT
포포	出出	w pa	ORT
10	10 7	be fil	MP
		-	-

STATE	OF MARYLA	ND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		CE	ERTIFICATE	0	F DEAT	H		REG.	NO.

	1. DECEDENT'S NAME (First, Mid	ddle, Last)	uis c	2. C	ox					2. DATE OF DEAT		90 PAR	3. TIME OF DEATH 6:55 P M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yn	s. lest birthde	/) IF UNE	DER 1 YEAR	IF UNDE		7. DATE OF BIRT		6. BIRT	HPLACE (State or Foreign
	212-03-497	1	1 M 2 🗆 F	8	2 YRS	MONTH	S DAYS	HOURS	MIN.	9-12-	07	MA.	RYLAND
	9a. FACILITY NAME (If not institut	ition, give stre	eet and number)			9b. C	TY, TOWN	OR LOCAT	ON OF OE	ATH	9c. CO	UNTY OF	DEATH
OB	HARBOR HO		AL CENT	ER			BAL	TO.					
됩	RESIDENCE OF DECED	b. COUNTY			10c. C	ITY. TOW	N OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	MD					,		TIMO	RE				LIMITS? XXYES 2 \(\square\) NO
4	10e. STREET AND NUMBER			<u> </u>		_		ZIP COD			10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	1311 CAM	BRTA	STREET	1				2.1	225			US	Δ
S	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED	1		ENDENT	OF HISPAN	IC ORIGIN? (Speci		14 BAC	E — American Indian,
ВУБ	1 Never Married 2 Mar 3 Wildowed 4 Divorced		IF YES, GIVE W						Specify	n, Puerto Rican, at	C.)	Spec	
	15. OECEDE		ATION	148.	. DECEDENT	20 1101141	OCCUPATION	DN		T see vino o	F BUSINESS/II	101107771	WHITE
COMPLETED	(Specify only hig Elementary/Secondary (0-12)	ghest grade c	ompleted) College (1-4 or 5 +			of work do	ne during mo		ng	10B. KINO U	r BUSINESS/IF	NUSTRY	
P	11 th		College (I-4 or 5+		HIP Y	ARD	FOR	EMAN	J		-		
O	17. FATHER'S NAME (First, Middle	e, Lest)								ME (First, Middle, M	alden Surname)		
BE C	HENRY C	OX							UNI	KNOWN			
TO B	19a. INFORMANT'S NAME (Type/	(Print)			19b. MAILI	NG ADDRI	ESS (Street a	and Numbe	r or Rural R	loute Number, City of	or Town, State, 2	(ip Code)	
۴	MARY COX				13	11	CAMB	RIA	ST.	BALTO	, MD	212	25
	20a. METHOD OF DISPOSITION 1	3 🗌 Remov	val from State	oth	ACE OF DISF er place)						c. LOCATION -	- City or T	own, State
- 1	4 ☐ Donation 5 ☐ Other (Spe 21. SIGNATURE OF FUNERAL SE		water		<u> SLEN</u>		EN C				BALTO).,]	MD
	1 16	20	9	71							S FUNE	ERAL	HOME, INC
	U. Shu	elee	11.	M	/		1501	E.	For	t. Ave.	Balt.o		
	23. PART i. Enter the disee ahock, or hasrt	sees, or co t fallure. L	implications that lat only one cau	t caused the	e deeth. De line.	not en	ler tha mo	da of dy	ing, auci	n es cardiac or	reapiratory a	rreat,	Approximata Intarval Between
	iMMEDIATE CAUSE (Final disease or condition		-	05:			(2)	600	1				Onset and Death
	resulting in daeth)	a	OUE TO	OR AS A CO	MEDITENCE	7/0	>*	100	· K				
-			- Jan	1 10	2	Xte	insi	VO	- (1	nderio	in A	AT	
9	Sequentially list conditions if any, lasding to immediat			(OR AS A CO							10	l di	
S	cause, Entar UNDERLYING CAUSE (Disease or Injury	, c											
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	NSEQUENCE	OF):							
E	Tooling III dodn'y 270,	d.											
	PART II. Other significent	conditions	contributing to	death but r	ot resultin	g in the	underlyln	g cause	given in		AS AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음											ES 2 NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL										_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?	2007	HOSPITAL:			ОТН		LACE OF I	DEATH (Che	eck only one)			
14S	1 YES 2 NO		1 Inpetiant 2 I		-	IME OF	_	H 5 □ R	esidence	6 Other (Specifi		COURTO	
	1 ⊠(Natural 6 ☐ Pen		(Month, D			NJURY	WC	PRK?	¬ NO	28d. DESCRIBE I	IOW INJURY O	CCURED	
ВУ	2 Accident Inve	etigation	28a. PLACE O	F INJURY — /	At home, fare	n, street, 1				28f. LOCATION (S	Street and Numb	er or Rural	Route Number,
国	_ 0 _ 000	armined	building,	etc. (Specify)						City or Town,			
Z.E.	29a. CERTIFIER 1.23 CERTIFY	ING PHYSIC	IAN: To the best of	my knowledo	e, death occ	arred at th	e time, date	and place	and due	to the cause(a) an	d manner se si	Inted	
COMPLETED													s) and menner as stated.
E C	29b. SIGNATURE AND TITLE OF		1.77						ENSE NUN				0 (Month, Day, Year)
0				nfor				-21-22			•	51	16/90
2	30. NAME AND ADDRESS OF PE	ERSON WHO	CINTONS	SE OF DEATH	(ITEM 27) (7)	SH	ans	ver	· So	J- 83	alta	-	mol.
	30. NAME AND ADDRESS OF PE	199	32. REGISTRA	P'S SIGNATUR	RE. Aande	JEC.							
	-/-//	C 100	1		5								

	Ki.	£ 0
5110	executed within	and completely burial, cremat
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	F FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation
5	S PHYS	r this o
NOISINIO	IOSPITAL DR ATTENDING	UNERAL DIRECTOR: After ithin 72 hours after deat
	14.5	144 77

COMPL

9

29b. SIGNATURE AND TITLE OF CERTIFIER

Jose M Presbitero MD

respetur

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IMPORTANT: II

王王를

2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH 1990 May 810 pm Octavia <u>Anna</u> Cross 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 TF 80 Sept. 30,1909 Pennsylvania 215-05-6818 Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Glen Burnie Anne Arundel North Arundel Hospital 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 NO Maryland Anne Arundel Glen Burnie permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL detached for use as the burial-transit 304 West Furnace Branch Road 21061 U.S.A retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES FORCES? 1 YES 2 1 Never Merried 2 Merrie 1 - YES 2 NO Specify Specify: White ВY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OFCEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe entary/Secondary (0-12) College (1-4 or 5+) Acme Super Market 12th none Cashier 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be Ħ Thomas Schmickley Katie Sara Erdell notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Deborah A. Fulton 104 N. Charter Road Apt. J Glen Burnie, MD.21061 after death. Page 6 may be e 20a. METHOD OF DISPOSITION
1 Green Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Parkwood Cemetery Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Singleton Funeral Home 95. Vlor Second Ave. S.W. Glen Burnie, MD. and completely filled in by the burial, cremation, or removal. traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac Dr respiratory errest, Approximeta shock, or heart failure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition Cardiopulmonary Arrest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Court amoula Druss timo relientis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician ar Health and Mental Hygiene prior to ! if any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseese Dr Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 TNO OF DEATH? 1 YES 2 NO 0 has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: 1 YES 2 TNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 28a, DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with with 1 Retural 5 Pending 1 YES 2 NO After the В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 3 Suicide 6 Could not be ED DIRECTOR: item 28 4 Homicide ET 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated

7845 Oakwood Road #107

m.D

32 REGISTRAR'S SIGNATURE MANGE

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and manner se stated.

29c. LICENSE NUMBER

Glen Burnie

29d. DATE SIGNED (Month, Day, Year)

30 E TO E

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
hin 24 nours	tely filled in that matten, or rel	t, the med	
be executed with	cian and complet ior to burial, cren	raumatic event	
death certificate	attending physi antal Hygiene pr	ry, or other t	
requires that the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	shows any Inju	
CIAN: The law	ertificate has b	or Item 23	
NDING PHYSI	R: After this control or death with	is marked,	
TAL OR ATTE	3AL DIRECTOR 72 hours afte	If Item 28	
TO THE HOSPI	TO THE FUNEF be filed within	IMPORTANT:	

1990

	500											90	12532
_	1 - STATE REGISTRAR		STATE OF MA					DEATH		HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF MONTH	F OEATN DA	AY	YEAR	3. TIME OF DEATN
	4, SOCIAL SECURITY NUMB	FR I	5. SEX 6	CAUNTZ AGE (In yrs. lest	hirthday)	IF UNDER	1 VEAR	IF UNDER 24 HRS.	7. DATE OF			BURTHE	6:18 A M
	177-01-4350		1 🗵 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, L			Country	
_	9a. FACILITY NAME (If not in:	_	eet and number)					R LOCATION OF	OEATH		9c. COUNT		
<u> </u>	Memorial Hos	pital				Cu	mbe	rland			Alle	egan	У
DIRECTOR	10e. STATE	10b. COUNTY	set Co.			Y, TOWN O		ION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Domers	set 00.		меу	ersda	_	. ZIP CODE			100 CITIZ		1 TYPES 2 NO
ERA	217 Salis	sburv S	St.				100	15552			US		NAT COUNTRY!
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 N			f yes, sp	ENDENT OF NISP ecity Cuben, Mexi 2 1 NO Spe	ican, Puerto Ric			14. RACE Black,	- American Indian, White, etc.
	15. DEC	EDENT'S EDUC	ATION completed)	16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON st of working	16b. K	IND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)	He.	abor	se retired.)			T	ire M	lanuf.		
Ŏ.	17. FATHER'S NAME (First, Mi	iddle, Last)				_ '		18. MOTHER'S	NAME (First, Mic	kle, Melden	Surname)		
BEC		d J. C	auntz						Caroli				
2	190. INFORMANT'S NAME (7) Annabell		S					nd Number or Run Meyers				Code)	
	20e. METNOD OF DISPOSITI	n 3 🗆 Remo	val from State	20b. PLACE (OF DISPO	SITION (Na	me of cen	netery, crematory o	or	20c. LO	CATION — C		
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENGER)	Sts.	Phil:	ip &	Jam	es Ceme					
	·Wille	/	? Pa.	7 1/2	49			ain St.	P				Iome, Inc.
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin	aart fallure. L	omplications that o list only one cause			not enter	the mo	de of dying, s	uch as cardis	c or reap	Iratory arre	st,	Approximata Interval Between Onset and Death
	disease or condition resulting in death)		CALD OUE TO (O	TAC A	200	ें जि							
z	Macrosovania Macrosova						JFA	acron	2				
CERTIFICATION	Sequentially list condition if any, leeding to immediate couse. Enter UNDERLY	diate											
FIC	CAUSE (Disease or injuthat initiated events				•). 80.00		_			
ERT	resulting in death) LAS	T .	D. 177	USE F	4277	ter25	cle	nosil					
	PART II. Other significe	ent conditions	contributing to d	eath but not n	esulting	in the ur	dertyin	g cause given	In Part i. 2	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
SC	CHOONIC	Ken	ac Falu	08 H	1 Pe	TO	Si	50		PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Polymps	18.		,	1								1 YES 2 NO
NAN	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL					26. PI	LACE OF DEATH ((Check only one)				
Sic	1 VES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		ne 5 🗆 Residenc	ce 6 🗆 Other ((Specify)			
		Pending	28a. DATE OF It (Month, Day,		28b. TIR	IE OF JURY M	WC	URY AT ORK? YES 2 NO	28d. DESC	RIBE HOW	INJURY OCC	URED	
TED BY	3 Suicide 6	Could not be determined	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm,	street, fac	tory, offic	•	28f. LOCAT	TION (Street Town, State	and Number	or Rural R	oute Number,
COMPLETED	one)		CIAN: To the best of m										and manner as stated.
BE CC	296. SIGNATURE AND TITLE	DE GERTIFIER	2 1 1	LEX	7			29c. LICENSE N			29d. DATE	_ 1	(Month, Day, Year)
0	36. NAME AND ADDRESS OF	E PERSON WHO	COMPLETED CAUSE	OF DEATH (ITES	100	Defeat)		D318	5/0			२।५	190

21502

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
_	ECEDENT'S NAME /First Middle not)		2 DATE O	E DEATH

	1 - STATE REGISTRAR	SIAIE UP MARY	CERTII	FICATI	E OF	DEAT	AND P	WENTAL	REG. NO.	Ŀ		
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE O	OF DEATH		YEAR	3. TIME OF DEATH
	ERNEST CAPU	TO JR.						5	- 4		90	9 30 am
			E (In yrs. last birthday		R 1 YEAR	IF UNDER		7. DATE 0			8. BIRTH Country	PLACE (State or Foreign
	212-48-06-98	M 2 DF	12 YRS.	MONTHS	DAYS	HOURS	MIH.	3-7-	1948		Ma	ryland
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
8	rancis Scott Ke	y Medica	l Cente	r Ba	lti	more	3					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100.0	ITY, TOWN	OBLOCAT	ION						10d. INSIDE CITY
	Maryland			ltim		ION						LIMITS?
	10e. STREET AND NUMBER				101	ZIP COD	F			10a CIT	IZEN OF W	1 YES 2 NO
¥	3416 E. Lombard	Street			1.00		224			log. on		
FUNERAL			R IN U.S. ARMED	13.	WAS DEC			IIC ORIGIN?	(Specify Yea	or No-	U.S	— American Indian, t, White, atc.
<u> </u>	1 1 mering	2. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 NO		If yes, sp	cify Cuba	n, Mexica Specify	n, Puerlo R	Ican, etc.)		Black Speci	
B	3 Widowed 4 Divorced	Vietnam				- 4.2	,					White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	TON mpleted)	16e. DECEDENT	'S USUAL C	during mo	N st of workin	ng . ¬	16b.	KIND OF BUS			Wa 3
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5+)					_	List		ate	OI	Maryland
N N	124	dyrs	Workme	n's	Com	_		-				
8	17. FATHER'S NAME (First, Middle, Last)					200			ilddle, Maiden	Fuk	-	
BE	Ernest L. Cap	outo Sr.					rbaı		М.			
2	Barbara M. Caput	to							er, City or Tow			21224
	204_METHOD OF DISPOSITION		Ob. PLACE OF DISP					reer	-		City or To	
	1 Burial 2 Cremation 3 Remova	ol from State	other place)	eran		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1	22	NAME A	ID ADDRE	SS OF FA	CILITY				
	6/1/	/	//									eral Home Md. 21224
\dashv	23. PARS I. Entar the diseases, or con	nelladona that caus	and the dealth. Dr		_							Approximate
	shock, or heart fallule. Lie	I only Dna cause on	aach line	, iibt eine	i tila ilio	ua or uy	my, soc	II me card	inc or resp	retory er	raut,	Intarval Between
	IMMEDIATE CAUSE (Finel			1./	2.00	~ 4/ 3 .**		04	100	—		Onset and Death
	resulting In deeth)	ACUTE RE	S A CONSEQUENCE	07~7 0Fi:	DISI	ree	>>	> 7 /	ODRO	MC		DAYS
,	1	PNEUMON										DAYS
CERTIFICATION	Sequantially list conditions, if any, leading to immediate		A CONSEQUENCE	OF):								7,173
§		AIDS										UNKNOWN
E	that initiated events resulting in deeth) LAST	OUE TO (OR AS	S A CONSEQUENCE	OF):								
Ä	d.											
	PART II. Other algnificent conditions	contributing to deeth	but not reaultin	g in the u	nderlyln	g cause	given in	Part I.	24s. WAS AN		24b	WERE AUTOPSY FINDINGS
<u>೮</u>									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
								_		90		OF DEATH?
-								_				
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF E	DEATH (Ch	eck only one	9)			
<u>i</u>		HOSPITAL:	utpatient 3 DOA	4 D No		e 5 □ R	esidence	6 🗆 Other	(Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		IME OF	28c. INJ WC	URY AT		28d. DE\$	CRIBE HOW	NJURY O	CURED	
B	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆	YES 2 [NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S		n, atrae1, fe	ctory, offic	•			ATION (Street or Town, State)		or or Rural I	Route Number,
COMPLETED												
7	29a. CERTIFIER (Check only t CERTIFYING PHYSICIA	AN: To the best of my kn	owledge, death occ	irred at the	time, date	and place	e, and due	to the cau	se(a) and ma	nner as sti	nted.	
Š	2 MEDICAL EXAMINER:	On the basis of examina	tion and/or investiga	itlon, in my	opinion, c	leath occu	red at the	1lme, date	and place, ar	nd due 10 1	the cause(s	a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NUI		1	29d. DA	TE SIGNED	(Month, Day, Year)
0 8	John 6.		MD			D	35	35	7		5 - 1	4-90
F	30. NAME AND ADDRESS OF PERSON WHO											
	Duncan Mcco	szmick w	D. 4980	ens	TCKI	VA	UEM L	E	BACT	W/) s	4221
	31. DATE FILED (Month, Day, Year)	32. REGISTRAD'S SI	Con-Hande	ola .								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			ERTIF	ICATI	E OF	DEAT	Ή		REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	ΑΥ	YEAR	3. TIME OF DEA	
KATHERINE	C. COSTE	R						MONT!	4	199	0	4:45 P	• M
4. SOCIAL SECURITY NUMBER 212-03-6321	5. SEX 1 M 2 7 F	6. AGE (In yrs. 88	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER NOURS	24 HRS. MIN.	(Montl	OF BIRTH 1, Day, Year) 20/02		Counti	IPLACE (State or Fary) YLAND	oreign
9a. FACILITY NAME (If not institution, give s 35 DUNVEGAN ROAD	treet and number)				,	R LOCATIO					NTY OF D	EATH	
RESIDENCE OF DECEDENT												OKL	
35 DUNVEGAN ROAD RESIDENCE OF DECEDENT 100. STATE 100. COUNT MARYLAND BALT					OR LOCAT							10d. INSIDE CITY LIMITS?	1
	IMORE		CA	TONS	VILL					,		1 YES 2	NO
100. STREET AND NUMBER 35 DUNVEGAN ROAD 11. MARITAL STATUS 1 X Never Married 2 Married					101	212:					S.A.	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		If yes, sp		n, Maxica	n, Puerto I	I? (Specify Ye Rican, atc.)	e or No—	Blac	E — American indi k, White, etc.	en,
15. DECEDENT'S EDU (Specify only highest grade	completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	N st of workin	g	16b	. KIND OF BU	ISINESS/INI	DUSTRY		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 yrs. 17. FATHER'S NAME (First, Middle, Last) GEORGE COSTER	College (1-4 or 5	+)	ECRETA					С	& P 7	CELEP	HONE		
17. FATHER'S NAME (First, Middle, Lest) GEORGE COSTER	a- 1 1					16. MOTH			MERCE				
BETTY C. BAILEY									ber, City or Tow E, MD.		228		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	oval from State	20b. PLA	OLIV	SITION (W	eme of cer EMET	netery, crem	netory or			CATION —			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSIES	the		1 L	630 EROY	EDMOI	SS OF FA NDSO & RU	CILITY N AV SSEL	E. CAT	CONSV	ILLE E FU	, MD. 21	1228 DME
23. PART i. Enter the diseases, or shock, or heart fellure.				not ente	r the mo	de of dyi	ing, suc	h aa can	diac or reap	elratory ar	rest,	Approxim	letween
immediate Cause (Finel disease or condition resulting in death)	a	(OR AS A CON			Shin	al 1	(63	tru	ction			wea	0
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CON	SEOUENCE C	F):									
PART II. Other algorificent condition	tuctury						given in	Part I.	24a. WAS AI PERFO	RMED?	248	b. WERE AUTOPSY I AMAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpetlant	3 DOA	OTHE	R:	ACE OF D							
	26a. DATE Of (Month, I		28b. TII		28c. IN.	URY AT		_	SCRIBE HOW	INJURY O	CCURED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At etc. (Specify)	home, farm,	street, fac					CATION (Street or Town, State		er or Rural	Route Number,	
3 Suices 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 CCheck only One) 2 MEDICAL EXAMIN												(a) and manner as	stated.
296. SIGNATURE AND TITLE OF CERTIFIE			1				ENSE NUI				TE SIGNE	D (Month, Day, Year	
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	ISE OF DEATH (() ITEM 27) (Typ	e, Print)		110	124	(>			14	90	
DR. JAMES NOLAN	1 MALLO	W HILL	RD. C	ATON	SVIL	LE, N	1D.	21228	3				

SULLE DELIVERAR'S SIGNATURE

30X 13146,	cate be executed within 24 nours after	hysician and completely filled in by a prior to burial, cremation, or remo	er traumatic event, the medica
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N: The law requires that the death certifi	ficate has been signed by the attending p State Dept. of Health and Mental Hygien	item 23 shows any injury, or oth
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remore	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TENDING PHYSICI	HYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	
DR: After this cert	TOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
ifter death with the	fter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
8 is marked. o	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)		OLITTI	AIL OI	DEATH	2. DATE OF			3.	TIME OF DEATH
PATRICIA -		Mary Patr	icia Cain			MONTH 0	0.7	YEA 9 (81	3:31 A M
4. SOCIAL SECURITY NUMBER				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. B	IRTHPLA	CE (State or Foreign
213 36 4940) 1	□ M 2 TF	52 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, E		٩	Md.	
9a. FACILITY NAME (If not in		t and number)		b. CITY, TOWN O	R LOCATION OF DE		//3/	9c. COUNTY (н
GREATER BAL		MEDICAL CE	NTER	TOWSO	N			BALT	'IMO	RE
10a. STATE	10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				100	I. INSIDE CITY
MD	BALTI	MORE							1[YES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
5505 ANTHON	Y AVENU	E			21206			USA	ł.	
11. MARITAL STATUS		2. WAS DECEDENT EVER I			ENDENT OF HISPAN			or No- 14. I	RACE -	American Indian,
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR D			2 NO Specifi		art, artist			White
			[1		
(Specify ont	EDENT'S EDUCAT y highest grade cor	npleted)	18e. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during mo	IN Is of working	18b. K	IND OF BUSI	NESS/INDUSTI	4¥	
Elementary/Secondary (0	1-12)	College (1-4 or 5 +)		romad.)			T.T.	1 10		
17. FATHER'S NAME (First. M	liddle (act)		Clerk		16, MOTHER'S NA	ME (First Adia		ly Pre	SS	
					17. W. S.					
John J. Car			19b, MAILING A	DDRESS (Street a	Elizabe				n)	
John J. Cai	in Jr.		9410	Thornew	ood Ct.	Balto	Md	21234	1	
20a. METHOD OF DISPOSIT 1 Surial 2 Cremetic 4 Donetion 8 Other	n 3 🗆 Remove		b. PLACE OF DISPOSIT other place) Parkwood		netery, crematory or			to. N		State
21. SIGNATURE OF FUNERA		ISEE	z az nwoo a	22. NAME AP	ID ADDRESS OF FA			10.9	iu.	
Dom		LRU	7		C. Mille Belair R	_	-	Md. 21	206	
23. PART i. Enter the d										Approximate
snock, or n		it only one cause on	aach Iina.							Interval Between Onsat and Death
disesse Dr condition		META CTATT	TAMBIIOMA							5-4RS
resulting in death)	8	METASTATI (DUE TO (OR AS	A CONSEQUENCE OF):							
	T h	SEPTIC SHO)CK							2 0415
Sequantially list condit if any, leading to imme	ions,		A CONSEQUENCE OF):							
cause. Entar UNDERLY CAUSE (Disesse pr inju										
that initiated events		DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAS	d									
PART ii. Othar algnifica	nt conditiona	contributing to death	but not reaulting in	tha undariyin	g cause given in	Part i.	24a. WAS AN	MUTOPSY	24b. W	ERE AUTOPSY FINDINGS
							PERFOR	4	00	AILABLE PRIOR TO EMPLETION OF CAUSE
							1 TYES 2	NO		DEATH?
									''	_ TES 2 _ NO
25. WAS CASE REFERRED 1	O MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)			
EXAMINER?		IOSPITAL:		OTHER:	te 5 🗆 Realdence					
27, MANNER OF DEATH		28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	URY AT			JURY OCCURI	ED .	
Netural 5	Pending	(Month, Day, Year)	INJUI		PRK? YES 2 NO					
2 Accident 3 Suicide	Investigation	28a. PLACE OF INJUR	Y — At home, farm, str			28f. LOCA	TION (Street #	nd Number or F	lural Rou	te Number,
4 Homicide	Could not be determined	building, etc. (Sp	ecify)			City or	Town, Stete)			
29a. CERTIFIER	TIEVINA BUVACA	ANI, Washa ha a di a di	4.4	Louis At			-4-2-2-2-			
(Check only		AN: To the best of my kno On the basis of axaminati							uestal a	od menner se steted
		O. The Same of Examinati	on endor investigation,	, at my opinion, (nvo prava, an			
29b. SIGNATURE AND TITLE	OF CERTIFIER	1			29c. LICENSE NU			29d. DATE SI	SNED (A	onth, Day, Year)
5					PL	7736			> /	7/95
30. NAME AND ADDRESS O				72						
DR COHEN 6		HARLES STRE		N MD 2	1204	G.B.M	. C.			
4 5 5 4 6	000 1	32. REGISTRAR'S SIG	andella							

The state of the s

×

×

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
il.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp

Dr. Olivio, M.D.

31. DATE FILED (MONTH, Day, Year)

141AY 0 1990

							(90 12536	
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) John P			CHAMBERS May			9 0 Y E	3. TIME OF DEATH 11:22 DM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last bir	thday) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign country)	
	9a. FACILITY NAME (If not institution, give st	1 M 2 ☐ F	60	YRS. 9b. CITY, TO	VN OR LOCATION OF D	EATH LATOR	9c. COUNTY	ENUZATA	
TOR	FRANKLIN SQUARE HOSPITAL ROSEDALE Baltimore County								
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER			101. ZIP CODE 10g. CITIZE				1 ☐ YES 2 1 NO OF WHAT COUNTRY?	
FUNERAL	3945 SOGSWOOD AVS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		Ars.	ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN			N7 (Specify Yea or No. 14, RACE — American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	Married FORCES? 1 YES 2 IF YES. GIVE WAR OR DATES		INO II yes, specify Cuban, Mexican, Puerto I yes 250, NO Specify:		an, Puerto Rican, etc.)			
ETED	(Specify only highest grade completed) (Give			ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY					
COMPL	12 YRS.		MA	MILAAM	VE MA				
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surman EARL CHAMBERS TVA TVA TVA TVA TVA TVA TVA TV						Surrame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	29a, METHOD OF DISPOSITION 29b, PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c, LOCATION — City or Town, State								
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.								
	EVANS CHAPELOF MEMORIES 8800 HARFORD ROGO - PARKVILLE								
	23. PART I. Enter the diseases, or cahock, or heart failure.			n. Do not anter the	mode of dying, su	ch as cardiac or reap		Approximata Interval Between	
RTIFICATION	immediate Cause (Final disease or condition resulting in daeth)			espiratory arrest.				Minute	
	DUE TO (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):							
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST							prior to	
GH	1 mellension 4 1786								
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 14NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
			0 /) 0				1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACTIVED: OTHER:								
HYSI	1 U YES 2 NO 1 Inpettant 2 X XER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation			INJURY WORK? M 1 YES 2 NO					
ETED				home, farm, street, factory, office 281, LO City			ICATION (Street and Number or Rural Route Number, y or Town, State)		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	296. SHOROTOGE AND TITLE OF CENTIFIES	100.	WD.		29c. LICENSE NI	JMBER	29d. DATE SI	GNED (Month, Day, Year)	
일	30. NAMÉ ANO AGORESS OF PERSON W	O COMPLETEO CAUSE C	OF DEATH (ITEM 2	77) (Type Print)	10-1.	/ /	1	11 10	

completeo cause of Death (ITEM 27) (Typo, Print)
5444 Belair Rd., Balto.,

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF FIFICATE OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	Capley			2. OATE OF OEATH MONTH D	1990	3. TIME OF DEATH P			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. leat birth		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign buntry)			
	459 34 2838 1 9e. FACILITY NAME (If not institution, give street	0.1	RS. MONTHS DAYS	OR LOCATION OF DE	71200 H	100-1	ZAZAA			
OR	7 RELDAS LOU	RT APT. A.	Cock	とということ	AIN .	BALT	imore			
DIRECTOR	10e. STATE 10b. COUNTY	100	c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY			
	MARYLAND BALT	imore	Cockey:	SVILLE Of, ZIP CODE	1 ☐ YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	7 RELDAS COL	RT APT. A.		21030		Og. Cilizan	S. A.			
P.	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO		CENDENT OF HISPAN pecify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14. P	ACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YE	S 2 NO Specify	r:	ľ	Specify: JAITE			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) (Give kir	ENT'S USUAL OCCUPAT nd of work done during in VOT use retired.)	nost of working	16b. KIND OF BU	SINESS/INDUSTR	CORP			
AP.	Elementary/Secondary (0-12)	College (1-4 or 5+)	IAGER-	ss. Distans	GENER	al Ic	STRUMENT			
	17. FATHER'S NAME (First, Middle, Last)	004	OII	ME (First, Middle, Maiden	1 . 2 . 1	7.00				
BE	SHAFFERT DAY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	FAMILY KECORDS SAME AS AGOVE 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of competent competent or compet									
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	1 from State 20b. PLACE OF 0 other place)	ISPOSITION (Name of c	emetery, crematory or	20c. LO	CATION — City of	TOWN, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	C. Carallel	22. NAME	AND ADDRESS OF FA	CHUTY OF CHI	MES				
	House of En	500e/h	333	5 YORK	ROAD -T	imor	ium			
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	pricesions that caused the death. t only one cause on each line.	Do not enter the m	ode of dying, suc	cardiac or resp	ratory arrest,	Approximate Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	LANdial	PADIF	A tome.	Howard	\sim	Onset and Death			
	resulting in death) DOI: TO (OR AS A CONSEQUENCE OF)									
NO.	Sequentially list conditions, if any, leading to immediate									
ICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (ON HE A CONSEQUEN	na ory							
	PART ii. Other significent conditions of	contributing to death but not result	iting in the underlyi	ng cause given in			24b. WERE AUTOPSY FINDINGS			
DICA					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME					_		1 TYES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH (Ch	eck only one)					
YSIC	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpetient 3 D	OTHER: 4 Nursing Ho	me 5 Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	YURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	D			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, to building, atc. (Specify)			281. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,			
H = 1	4 Homicide determined									
COMPLETED	(Check only	On the best of my knowledge, death of the best of axamination and/or investigation.					use(a) and menner as stated.			
ш	296. SIGNATURE AND TITLE OF CENTURER	12	1	29c. LICENSE NUI			INED (Month, Day, Year)			
TO B	1 tell	1 (OSENX	Leen	108	37 7	MA	175, 1990			
	30, NAME AND ADDITES OF PERSON WHO C	COMPLETED CAUSE OF DEATH (TEM 27)		DORTH !	BROADWI	ay P.	0.1000			
	31. DATE FILED (Morth, Day, Year)	32 REGISTRAN'S SIGNATURE July Davidson-Randa	10	IUKIFI	- RUNDWI	7/ /	11100			
	MAY 8 1990	gun variason- you								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sure after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1 - STATE REGISTI
1	1. DECEDENT'S
ı	4. SOCIAL SEC
	216-
ı	9e. FACILITY N
	MASO
I	RESIDENC
ı	10e. STATE
ŀ	MARY
	10e. STREET A

FOR

	REGISTRAR	CERTIFIC	JAIL OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) TOHN G. DAVIS				2. DATE OF DEATH MONTH D	5 45	3. TIME OF DEATH			
		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		IRTHPLACE (State or Foreign			
	216-30-6672 1XM2 = F	57 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3/31/33	C	CAROLINA			
E I	99. FACILITY NAME (If not institution, give street end number) MASON F. LLOYD NURSING		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY							
5	RESIDENCE OF DECEDENT									
DIRECTOR	MARYLAND 10b. COUNTY		TIMOR	E CITY		10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
A	10e. STREET AND NUMBER		1	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL		REET		21217			SA			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		If yes, s	CENDENT OF NISPAN pecify Cuben, Mexicer S 2 XNO Specify			RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTI	BLACK			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5 +)	ost of working	1							
8	17. FATNER'S NAME (First, Middle, Last)	18. MOTNER'S NAI	ME (First, Middle, Malden	Sumame)						
	HEZEKIAH DAVIS			KATHI	ERINE PRI	NCE				
BE	190, INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street		Route Number, City or Tow		n)			
2	HARRY DAVIS			E HALL I		O. MD				
	20g_METHOD OF DISPOSITION 1 Apuriel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSE				CATION — City				
	1 ABuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	GARRISON	FORE	ST CEMET	PERY OW	NGS M	ILL, MD.			
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	~	22. NAME	AND ADDRESS OF FAC	CILITY		ERAL HOME			
_ {	Kerun Just)			TY HEIGHT					
	Approximate interval Batween Onset and Death and Consequence of Original Consequence of Due to (or as a consequence of): Approximate interval Batween Onset and Death Due to (or as a consequence of):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions contributing to deat	. h. a - a - a - a - b - a - b								
EDICAL	MALWTRITION.	n out not resulting in	the underly	ng cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS. AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N.							1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
IYS	1 YES 2 NO 1 Inpatient 2 ER/0 27. MANNER OF DEATN 28e. DATE OF INJU			me 5 Residence		ALIEUW OOOLING	20			
ВУ РЬ	1 Natural 5 Pending (Month, Day, Yes	nr) 280. TIME	RY V	IJURY AT PORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCURE	:0			
0		URY — At home, farm, st Specify)	reet, fectory, of	Ice	281, LOCATION (Street City or Town, State		tural Route Number,			
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my keep one) 2 MEDICAL EXAMINER: On the best of examine						use(e) end menner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	LLOW		29c. LICENSE NUM	MBER	29d. DATE SIG	ONED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEN AD CT	Over)	1 D 20	200	5	0140.			
	DR S-ASTHANA,	4940	GAST	ERN 1	TVENUE	SAL	TIMERE MS			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE FORMAL								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, path filled within 72 hours after death with the State begit, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOUTS after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	--	---	---

	REGISTRAR			LITTI	ICALE	טר ט	EAIR		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	Dungall	J.				,	~	MONTH	DA	Υ	YEAR	
	Russell				Donne]			5	5		90	1:10 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 Y		UNDER 24 HRS.	7. DATE OF			8. BIRTH	PLACE (State or Foreign
- 1	217-26-1834	1 M 2 F	58	YRS.	MONTHS D	AYS HO	URS MIN.	(Month, D	31-1	221	Country	
- 1		104		,					$\Sigma = \Sigma$			ryland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN					NTY OF DE	EATH	
<u>α</u>	Francis Scott Vo	. Modian	Conto	30	Baltimore							
2	Francis Scott Key Medical Center			T	Parcillore -							
<u>ပ</u>	10a. STATE 10b. COUNTY	,		40. 017	c, CITY, TOWN OR LOCATION							
2											- 1	10d. INSIDE CITY LIMITS?
ᅙᅵ	Maryland Baltimore				Baltir	nore	3					1 YES 2 NO
	10e. STREET AND NUMBER					101 716	CODE			10a CITI	ZEN OF W	HAT COUNTRY?
×	2114 Oak Rd.					1012 2.11						
FUNERAL DIRECTOR	2114	vak kd					21219	1		U	.S. A	A
3	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	TEVER IN U.S.	ARMED	13. WAS	DECEND	ENT OF NISPAN	NIC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian, White, atc.
	1 Never Married 2 Married			NO			Cuban, Mexica		en, etc.)	100		
BY	3 Widowed 4 Divorced	IF YES, GIVE Y			1 [YES 2.	NO Specifi	A:		- 1	Specif	
	5020 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		rean									White
ᇤ	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL OCCL		I commission on	16b. KI	ND OF BUS	INESS/IND	USTRY	
ᇤᅵ	Elementary/Secondary (0-12)	College (1-4 or 5		Ha. Do NOT u	se retired.)	ny most or	working					
<u> </u>	12th		"	Mata	lurgi	a+			Q-	teel	Co	
Ž					Turg.						00.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16.	MOTNER'S NA	ME (First, Mid	dle, Maiden	Sumame)		1
	Russell (J. Donn	elly.S	dr.			Ma	rgare	et. Tri	1.72	13	
H	19e. INFORMANT'S NAME (Type/Print)							40				_
2							Number or Rural				Code)	
-	Angelina L.Dor	nnerry		2114	vak	Rd.	-Balt	O., MC	1.212	219		
	29a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Name	of cemeter	ry, cremetory or		20c. LO	CATION -	City or Tox	en. State
	20 METHOD OF DISPOSITION 1.20 Buriel 2 Cremation 3 Remo	place)			77/1							
	4 Donation 5 Other (Specify)	Stan			emete		BS	TTO	· JVLC	l.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NA	ME AND A	DDRESS OF FA	CILITY	-	_		
	A OF- THE	00			l Ha	rtL	ey Mi	ller	Fune	eral	Hon	ne
	Gerlley M	ille			75	527	Harfo	rd Rd	l. Ba	alto	. Mc	1.21234
	23. PART I. Enter the diseases, or o	omplications the	at caused the	death. Do								Approximate
	shock, or heart fellure.	List only one cer	use on eech li	ne.								Interval Between
- 1	IMMEDIATE CAUSE (Final											Onset and Death
- 1	minima in a control of man											Oliset and Death
	disease or condition	Arte	erioscl	eroti	c card	liova	scular	disea	ase			Onset and Death
		a	erioscl			liova	scular	disea	ase			Onset and Deam
	disease or condition	a	erioscl			liova	scular	disea	ase			Onset and Deam
N	disease or condition resulting in deeth)	DUE TO	(OR AS A CONS	SEQUENCE O	F):	liova	scular	disea	ase		-	Onset and Death
rion	disease or condition resulting in deeth) Sequentially list conditions,	DUE TO		SEQUENCE O	F):	liova	ıscular	disea	ase			Onset and Death
ATION	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	SEQUENCE O	F):	liova	scular	disea	ase			Cliset and Death
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONS	SEQUENCE O	NF):	liova	scular	disea	ase			Cliset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE O	NF):	liova	scular	disea	ase			Cliset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONS	SEQUENCE O	NF):	liova	ascular	disea	ase			Cliset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);							
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);				4e. WAS AN		24b.	WERE AUTOPSY FINDINGS
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);			Part I. 2	4a. WAS AN PERFOR	MED?	24b.	
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);			Part I. 2	4e. WAS AN	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);			Part I. 2	4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F);			Part I. 2	4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	P): P): In the unde	erlying ca	ause given in	Part I. 2	4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO DUE TO DUE TO	O (OR AS A CONS	SEOUENCE O	F): F): in the unde	erlying ca		Part I. 2	4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO DUE TO d. a contributing to	O (OR AS A CONST	SEQUENCE O	F): F): In the unde	orlying ca	ause given in	Part I. 2	4e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DUE TO DUE TO d. HOSPITAL: 1 □ Inpatient 2 2	OR AS A CONSTITUTE OF THE CONS	SEQUENCE OF SEQUEN	OTHER:	26. PLACI g Home !	E OF DEATN (C)	Part I. 2	4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO d. HOSPITAL: 1 □ Inpatient 2 2	OR AS A CONSTITUTE OF THE CONSTITUTE OF T	SEQUENCE OF SEQUEN	OTHER: 4 \square Nursh	26. PLACI g Home ! Sc. INJURY WORK?	BUSE GIVEN IN	Part I. 2	4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO A contributing to HOSPITAL: 1 Inpatient 23 28a. DATE OI (Month, i	O(OR AS A CONSTITUTE OF THE PROPERTY OF THE PR	SEQUENCE OF SEQUEN	OTHER: 4 Nursin	26. PLACI g Home ! Sc. INJURY WORK? 1 YES	E OF DEATN (C)	Part I. 2 neck only one) 5 Other (1) 28d. DESCI	4a. WAS AN PERFOR	NJURY OC	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **XYES 2 NO
BY PHYSICIAN: M	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Accident S Could not be	DUE TO DUE TO	OR AS A CONSTITUTE OF THE CONS	SEQUENCE OF SEQUEN	OTHER: 4 Nursin	26. PLACI g Home ! Sc. INJURY WORK? 1 YES	BUSE GIVEN IN	Part I. 2 heck only one) 5 Other (: 28d. DESCI	4a. WAS AN PERFOR	NO NJURY OC	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO DUE TO	OR AS A CONSTITUTE OF INJURY — AI	SEQUENCE OF SEQUEN	OTHER: 4 Nursin	26. PLACI g Home ! Sc. INJURY WORK? 1 YES	BUSE GIVEN IN	Part I. 2 heck only one) 5 Other (: 28d. DESCI	4a. WAS AN PERFOR	NO NJURY OC	CURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **XYES 2 NO
BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1X Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M	28. PLACI 28. PLACI g Home 5 60. INJURY WORK? 1 U YES 7, office	E OF DEATN (C) S G Residence AT 2 G NO	Part I. 2 Deck only one) 5 Other (1) 28d. DESCI	4a. WAS AN PERFOR	NO NO NJURY OC	CURED r or Bural B	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **XYES 2 NO
BY PHYSICIAN: M	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PNYS	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Go. INJURY WORK' 1 YES , office	E OF DEATN (C) To Residence AT 2 NO	Part I. 2 Deck only one) 5 Other (1) 28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	NO NO NJURY OC	CURED or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 \sum NO
BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING PAYSI	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Go. INJURY WORK' 1 YES , office	E OF DEATN (C) To Residence AT 2 NO	Part I. 2 Deck only one) 5 Other (1) 28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFOR	NO NO NJURY OC	CURED or Rural R	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 \sum NO
COMPLETED BY PHYSICIAN: M	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Natural 2 Accident 3 Suicide 4 Homicide MEDICAL EXAMINER 29a. CERTIFIER 1 CERTIFYING PNYSI MEDICAL EXAMINER	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	28. PLACI g Home ! Bc. INJURY WORK? 1 YES r, office	E OF DEATN (CA) 5	Part I. 2 Description of the cause of time, data ar	4a. WAS AN PERFOR	NJURY OC	CURED or or Rural R ted. he cause(a	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ACCUMENTATION OF CAUSE OF DEATH? ACCUMENTATION OF CAUSE OF DEATH? ACCUMENTATION OF CAUSE OF DEATH?
COMPLETED BY PHYSICIAN: M	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PNYS	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	28. PLACI g Home ! Bc. INJURY WORK? 1 YES r, office	E OF DEATN (C) To Residence AT 2 NO	Part I. 2 Description of the cause of time, data ar	4a. WAS AN PERFOR	NJURY OC	CURED or or Rural R ted. he cause(a	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 \sum NO
BE COMPLETED BY PHYSICIAN: M	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Natural 2 Accident 3 Suicide 4 Homicide MEDICAL EXAMINER 29a. CERTIFIER 1 CERTIFYING PNYSI MEDICAL EXAMINER	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	28. PLACI g Home ! Bc. INJURY WORK? 1 YES r, office	BUSE GIVEN IN E OF DEATN (C/ 5 Residence / AT / 2 NO	Part I. 2 Deck only one) 5 Other (1) 28d. DESCI 28f. LOCAT City or to the cause time, data an	4a. WAS AN PERFOR	NJURY OC	r or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 NO Route Number, and manner as stated. (Month, Day, Year)
COMPLETED BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide CERTIFFIER 29a. CERTIFIER 21. SEGNATURE AND/TITLE OF CERTIFFIER	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 } 28a. DATE Of (Month, it) 28a. PLACE of building CCIAN: To the best of the page of the purchase of the page	OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	28. PLACI g Home ! Bc. INJURY WORK? 1 YES r, office	E OF DEATN (CA) 5	Part I. 2 Deck only one) 5 Other (1) 28d. DESCI 28f. LOCAT City or to the cause time, data an	4a. WAS AN PERFOR	NJURY OC	CURED or or Rural R ted. he cause(a	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 NO Route Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: M	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1X Natural 5 Pending investigation 3 Natural 5 Pending investigation 4 Homicide 8 Could not be determined 29a. CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI , etc. (Specify) OF INJURY — AI , etc. (Specify) OF INJURY — AI , etc. (Specify)	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Sc. INJURY WORK? 1 YES r, office	E OF DEATN (C) To Residence AT To No d place, and due to coured at the C. LICENSE NU	Part I. 2 Deck only one) 5 Other (: 28d. DESC! 28f. LOCAT City or to the cause time, data at	4a. WAS AN PERFOR	NJURY OC	r or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **EXYES 2 NO Route Number, and manner as stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined to the property only 2 MEDICAL EXAMINERS OF PERSON WHAT IN THE PROPERTY OF THE PROPER	DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify) If my knowledge, axagnination and/	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Sc. INJURY WORK? 1 YES r, office	E OF DEATN (C) To Residence AT To No d place, and due to occurred at the BC. LICENSE NU	Part I. 2 Deck only one) 5 Other (: 28d. DESC! 28f. LOCAT City or to the cause time, data at	4a. WAS AN PERFOR	NJURY OC and Number nor as stated due to till 29d. DAT	r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? EXYES 2 NO Route Number, and manner as stated. (Month, Day, Vear)
BE COMPLETED BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined to the property only 2 MEDICAL EXAMINERS OF PERSON WHAT IN THE PROPERTY OF THE PROPER	DUE TO b. DUE TO c. DUE TO d	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify) If my knowledge, axagnination and/	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Sc. INJURY WORK? 1 YES r, office	BUSE GIVEN IN E OF DEATN (C/ 5 Residence / AT / 2 NO	Part I. 2 Deck only one) 5 Other (: 28d. DESC! 28f. LOCAT City or to the cause time, data at	4a. WAS AN PERFOR	NJURY OC and Number nor as stated due to till 29d. DAT	r or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? EXYES 2 NO Route Number, and manner as stated. (Month, Day, Vear)
BE COMPLETED BY PHYSICIAN: M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined to the property only 2 MEDICAL EXAMINERS OF PERSON WHAT IN THE PROPERTY OF THE PROPER	DUE TO DUE TO	O(OR AS A CONSTITUTE OF INJURY — AI, etc. (Specify) If my knowledge, axagnination and/	SEQUENCE OF SEQUEN	OTHER: 4 Nursin ME OF JURY M street, factory	26. PLACI g Home ! Sc. INJURY WORK? 1 YES r, office	E OF DEATN (C) To Residence AT To No d place, and due to occurred at the BC. LICENSE NU	Part I. 2 Deck only one) 5 Other (: 28d. DESC! 28f. LOCAT City or to the cause time, data at	4a. WAS AN PERFOR	NJURY OC and Number nor as stated due to till 29d. DAT	r or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? EXYES 2 NO Route Number, and manner as stated. (Month, Day, Vear)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE OF STAT	F MARYLAND / CE	DEPARTME			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN DAY L	ILLIAN P.	DAY			2. DATE MONTH	OF DEATH DA	3 19	3.	Obi58 Am
	4. SOCIAL SECURITY NUMBER 2/5-07-6/70 1 □ M 2 X	6. AGE (In yrs. les. 75		NDER 1 YEAR	IF UNDER 24 HRS. HOURG MIN.		Day, Year)	15	MA	RYLAND
OR OR	99. FACILITY NAME (If not institution, give street and number STJOSEPH'S HOSPITA				N, MA		AND	9c. COUNTY		YORE
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOV		ON				10d. INSIDE CITY LIMITS?	
AL	Maryland Baltimore 100. STREET AND NUMBER		Freel		ZIP CODE			10g. CITIZEN		YES 2 NO
FUNERAL	1 Never Merried 2 X Merried FORCES?	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO			.053 INDENT OF NISPAN Cify Cuban, Mexican	n, Puerto R		U.S.A	RACE - Black, W	American Indian, hite, etc.
B	3 Widowed 4 Divorced	Widowed 4 Divorced IF YES, GIVE WAR OR DATES			1 TES 2 X NO Specify:				Specify: Whit	е
COMPLETED		(Specify only highest grade completed) (Give kind of work done life. Do NOT use retired, life. Do NOT use retired,							TRY	
MP	12 yrs 17. FATHER'S NAME (First, Middle, Last)	Но	memaker		16. MOTHER'S NA		own Ho			
	Harry T. Prenger				Mary	ME (FIRST, IV		oyne		
BE					d Number or Rural F	Route Numb			de)	
임	Alan G. Day	2	0901 Mi	llers	Mill Rd	. Fre	el and	, Md.	2105	3
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from Stat 4 Donation 5 Other (Specify)	other pl	of disposition Cathedr		etery, cremetory or -90			cation — cin timo re	11: 11: 1	The Control
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		E AND ADDRESS OF FACILITY CK Towson Funeral Home, Inc. 50 York Rd. Towson, Md. 21204							
	23. PART i. Enter the diseasea, or complications shock, or heart failure. List only one	cause on each line			_					Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Outle MyocArdeal (NFArction) OUE TO (OR AS A CONSEQUENCE OF): Atheoretical Cardware Offers								Onset and Death	
Z										
CATIC	if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	that initiated events resulting in deeth) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributir	g to death but not	reaulting in th	e underlying	ceuse given in	Part i.	24a. WAS AN PERFOR	RMEO?	AM CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
2						-			''	YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		T		ACE OF DEATN (Ch	eck only on	ю)			
YSI	nose na	2 ER/Outpetlent 3		HER: Nursing Nom	5 Residence	8 🗆 Othe	r (Specify)			
	1 Netural 5 Pending	TE OF INJURY nth, Day, Year)	28b. TIME OF INJURY	28c, INJ WO M 1 1	JRY AT RK? ES 2 NO	28d. DES	SCRIBE NOW	NJURY OCCU	ED	
TED BY	3 Suicide 28e. PL/	CE OF INJURY — At he ding, etc. (Specify)	ome, farm, street	, factory, office			ATION (Street or Town, State)	end Number or	Rurel Rout	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the b								ause(e) er	nd menner se stated.
BE CC	29b. SIGNATURE AND TITLE OF CONTINUES			17.50	29c. LICENSE NUI	MBER		29d, DATE S	IGNED (M	onth, Day, Year)
TO B	178000	V)			0128	7/		1 5	14/1	18
-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED	CAUSE OF OEATN (ITE	M 27) (Type, Print)						
	31. MTATHER (Month, Day Year) Julia Sain	STRAR'S SIGNATURE								

0.001 00

for use as the burial-transit permit. Pages 1, 2, 3 should

	Spit	9	
	bo.	tach	900
	the the	de	10
	D	D	10
	inec	houl	fie
	reta	50	not
	8	90	96
	шау	c p	15
	9	ecto	5
	Page	dir	Per
	5	673	E
	dea	fur fur	exa
	fter	the the	70
	ITS a	ren th	ediv
1	non	pa d	E
	57	y fil	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he flud within 72 hours after clearly with the State Dect. of Health and Mental Hyderle prior to burial, cremation, or removel.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	w pa	al. CI	4
	Boot	nd c	atte
	8	10 3	E
	e b	Sicia	tra
	ficat	P S	Je.
	Serti	ling	0
	ath	al H	0
	de	Aent	uny
	1	Dy th	E
	thai	the the	amy
	ires	sign	88
	nbau	of H	tho
	MP.	s be	33
	Be	e ha	=
	N.	Stat	He
	ICIA	the	0
	HYS	his (ked
	6 9	the th	nar
	NON	Aft de	99
	TE	affe.	28
	RA	SEC.	E
	AL O	100	=
	PIL	ERA	1
	FOS	FUN	IAN
	光	무명	OR
	10	10	M
	_	-	

BY

BE COMPLETED

10

MAY 8

1990

							90	12541	
	1 - FOR STATE REGISTRAR	TE OF MARYLAND /		MENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)	AHMS Mar	ie A.	Dahms		2. DATE OF DEATH MONTH 5 6 6	9090 YEAR	10:15 A M	
	27-30 1110	M 2 XF 74	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	15 8	ATHPLACE (State or Foreign intry)	
TOR	99. FACILITY NAME (If not institution, give street end UNION MEMORIAL HOSPI RESIDENCE OF DECEDENT				ORE CITY		9c. COUNTY OF	DEATH	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?		
	Md.	Balto.				1X YES 2 NO			
3AL	10e. STREET AND NUMBER	101	ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?			
Ä	4215 LaSalle Ave.		2120			USA			
ED BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 2 Widowed 4 Divorced	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) ::	or No— 14. R/BI	ACE — American Indian, ack, White, atc. acity: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 1 2	S USUAL OCCUPATION If work done during most of working use retired.) 18b. KIND OF BUSINESS/INDUSTRY							
M	17. FATNER'S NAME (First, Middle, Last)	пс	memake	5 L	18 MOTHED'S NA	ME (First, Middle, Maiden	Cumama)		
	Stanley Makaras					Stromski	Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)	16	IN MAILING AL	nnesee /Street o		SULTOMSKI Route Number, City or Tow	on State 7to Code		
2	Carol M. Hall		2100 N	Mt. Roy	al Terr.	BAlto., M	id. 2121		
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 0 ak I			n Cemet	ery	E	c. LOCATION — City or Town, State Balto., Md.		
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE	page		John C. Miller Inc. 6415 Belair Rd. Balto., Md. 21206					
	23 PART I. Enter the diseases, or compile shock, or heart allure. List on IMMEDIATE CAUSE (Final	cations that coused the de ity one cause on each line	eath. Do not e.	t antar the mo	da of dylng, suci	h ss cardiac or resp	irstory srrest,	Approximeta intervel Between Onset and Daath	
	disease or condition resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF	E	lema			2 days	
NOI	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	umov	N/a		_	4 days	
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS CONSE	DUENCE OF):	a, a	dvances	Λ		10yrs	
CERTIFICATION	resulting in death) LAST	Hypert	ensiv	e Caro	lionare.	D. e. R.	cent	15 ms	
PHYSICIAN: MEDICAL	PART II. Other significant conditions cont	ributing to desth but not	resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFO	AUTOPSY 2	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ž.								′\	
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	10	26. PI	ACE OF DEATH (Ch	eck only one)			
YSI	1 YES 2 NO 1X II	npatient 2 - ER/Outpatient :	3 🗆 DOA 4	☐ Nursing Nor	e 5 🗆 Residence	6 Other (Specify)			
H	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME (OF 26c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURED		

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO HOSPITAL:

1 N Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 5 - Residence | 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED Netural
Acoident
Suicide

6 Pending Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 4 Homicide

28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e, CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

Jame

32. REGISTRAR'S SIGNATURE La Savidson-Randall

DNMN-16 Rev 1/89

3. TIME OF DEATH

2. DATE OF DEATH

		Mary E	dwina F/	AISO	N				Ма		1990	EAR)	6:35 A M
	4, SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.		OF BIRTH	41	BIRTHPLA Country)	CE (State or foreign
ا س	9a. FACILITY NAME (If not institution, give s	treet and number)	i /-		9b. CITY		- 44	ON OF DE			9c. COUNTY		
힏	RESIDENCE OF DECEDENT	Squir	re Ho	5/11	WI	ITE	- / 7	AR-	SH		Balt	timor	e County
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION					100	1. INSIDE CITY LIMITS?
₫	MARYLAND			13.	ALT	-	01						YES 2 NO
FUNERAL	100. STREET AND NUMBER 5752 DARI	EN R	OAO			101. ZIP CODE 109. CITIZEN OF WHAT COUNT 21206 LISTA						7	
BY FUN	11. MARITAL STATUS 1 We'ver Married 2 Married 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 JAMES IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— Heart Specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 PLANS Specify:, Specify:						American Indian, hite, atc.	
	15, DECEDENT'S EDU	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 150. DECEDENT'S USUAL OCCUPATION 150. KIND OF BUSINESS/INDUSTRY											
ETE	(Specify only highest grade	e completed)	(Giv	e kind of	work done se retired.)			ng	166	. KIND OF BUS	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5		CI	94	100	RK	ER	1				
E COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First,	Middle, Maiden	Surname)	- A-	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORES	S (Street a	nd Number	or Rural F	Route Num	ber, City or Tow	n, State, Zip Co	ode)	
2	FRANK WIK	LIAMS		5.5	A.	BIL	1G	OM	Ay	E BAR	Ja N	10:	21229
	20e. METHOD OF DISPOSITION 1 Luriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	lovel from State	20b. PLACE C	ce)	SITION (NO	(1)	retery, cren	natory or	EM	200,10	GATION - CH	0	Maria Maria
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME AN	D ADDRE	SS OF FAC	CILITY	2.0			1216
	Joseph L				5	222	24	111	VOR	TIA/		SAKZ	o Mo
	23. PART I. Enter the diseases, pr shock, or heart fellure.	complications the	et caused the dea	th. Do	nDt enter	the mo	de of dy	ing, sucl	h es cen	diac or respi	iratory arres	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition a. Hypercalcemia OUE TO (OR AS A CONSEQUENCE OF):												
N	Segmentially, list conditions	Sequentially list conditions, End Stage Lung Cancer											
CATIC	Cause Enter UNDERLYING CAUSE (Disease or Injury												
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	UENCE O	OF):								
	PART II. Other algnificent condition	ne contributing to	death but not re	eultina	in the m	nderlyln	2 00000	ohen in	Part I	24a, WAS AN	ALITODRY	Tash WE	RE AUTOPSY FINDINGS
MEDICAL	PART II. Other algunicent condition	is contributing to	deeth out not le	suiting	in the ui	nderiying	cense i	given in	Pert I.	PERFOR	RMEO?	AM	AILABLE PRIOR TO DMPLETION OF CAUSE
03									_	1 🗌 YES 2	No		DEATH?
ž									_			.,	_ 123 2 Mg 110
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF E	EATH (Che	eck only o	ne)			
SIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		e 5 🗆 R	esidence	8 🗆 Oth	er (Specify)			
BY PHYSICIA	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE O	F INJURY Day, Year)	28b. TIR	ME OF JURY M	28c. JNJ WO 1 🔲 1	RK?	□ NO	28d. DE	SCRIBE HOW I	NJURY OCCU	AED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At hor , atc. (Specify)	ne, farm,	street, fac	tory, offic	•			CATION (Street or Town, State)		Rural Flout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd menner eg stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	BY 11	-				29c. LIC	ENSE NUM	MBER		29d. DATE S	GNED (MO	onth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WI	LUC COMPI ETER CO	M.O.	127.75	a Deleta			NΑ			▶ _{Ma}	-	1990
,	Brian Bullis, I	MD 9000	Franklir			Dri	e Ba	altin	nore	, Mary	land 2	1237	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE										
	MAY 8 1990 90	to be to the	Maria		_								DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	ages 1, 2, 3 should		
arithmy proportion.	as the bunal-transit permit. I		
etained by the mospital of att	should be detached for use		otified at once.
PRIDICIALLY. THE INTERIOR DISTRICT OF UTILIZED TO EXCLUSIVE WHEN A TROUB SINGLOCALLY, LINE OF BUSINESS OF THE PROPERTY OF THE	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	emoval.	xed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
De executed within 24 hours	clan and completely filled in	or to burial, cremation, or re	aumatic event, the med
to that the neath centilicate	igned by the attending physic	ealth and Mental Hygiene pri	rs any injury, or other tr
PRINCIPAL THE IAM TEQUIP	this certificate has been si	with the State Dept. of Hi	rked, or item 23 show
SPITAL OR ALIENDING	NERAL DIRECTOR: After	led within 72 hours after death	RTANT: If Item 28 is mark
U INC H.	IN THE FU	be filed with	MPORTA

31. DATE FILED (Month, Day, MAY 8

1990

								U	12543	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		ZEAR 3. T	IME OF OEATH	
	LOIS	М.		MER		5		0	М	
	010 00 4500	SEX 6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	gth, pay sher/ 33			
O.B.	9e. FACILITY NAME (If not institution, give street 717 DRUID PARK LAR				OR LOCATION OF OR		9c. COUNT	Y OF OEATH		
5	RESIDENCE OF DECEDENT	10b, COUNTY			TION		10d. INSIDE CITY			
DIRECTOR	MD	MD			RE		1)\(\times\) YES 2			
FUNERAL	100. STREET AND NUMBER 717 DRUID PK	. LAKE DR.	APT	1	21217			ISA	COUNTRY?	
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 X Divorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 \(\subseteq YES 2 \subseteq IF YES, GIVE WAR OR DATES		If yes, sp	CENDENT OF HISPAN secify Cuben, Mexica 2 NO Specify	n, Puerto Rican, elo	y Yee or No.— 14		mericen Indien, ite, atc.	
COMPLETED	(Specify only highest grade completed) (G			USUAL OCCUPATION of done during more retired.)	ON sat of working	1270 120000	S HOPK			
COMF	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE					NANC					
2	190. INFORMANT'S NAME (Type/Print) ERNEST FARMER		111		und Number or Aural UZERNE				21213	
	20e, METHOD OF DISPOSITION 1 [A Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		n/aca)		CEMETER	t e	IKESVI	•		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	ND ADDRESS OF FA	CILITY		2	1202	
	- Glading i	Danes			MARCH F.			H AVE		
	23. PART i. Enter the diseeses, or com shock, or heart feilure. List	plications that caused the only one cause on each li	deeth. Do i ne.	not enter the m	ode of dying, suc	h se cerdiec or i	espiratory erre	st,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) s. CONSESSION HEAVY FROM THE COUNTY OF THE COUNTY								Onset and Death	
2	coman artin Direce									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EQUENCE O	9			51			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE O	F):				1		
S	d							+		
PHYSICIAN: MEDICAL	PART II, Other significant conditions c	ontributing to death but no	t resulting	in the underlylr	ig cause given in	PE	S AN AUTOPSY REFORMED? ES 2 \(\square\) NO	AVA.	IE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
N. ME				<u> </u>		_		1 [YES 2 NO	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF DEATH (Ch	eck only one)				
ĮS	1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outpatient	3 🗆 DOA	OTHER:		6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Statural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OCCU	PED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al building, atc. (Specify)	home, farm,	street, factory, offi	00	281, LOCATION (S City or Town,	treet end Number o State)	r Rural Route	Number,	
COMPLETED	ana)	N: To the best of my knowledge, on the basis of examination and/							menner ee stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER 544	29d. DATE	SIGNED (Mo	nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 270 /See	(Delet)	1 200)	0-17	/	10)	0	

	7
BOX 13146,	The state of the state of
	The state of the state of
S, P.O	4
RECORD	4
OF VITAL	Section of the second
DIVISION	The second second second
	1
	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\frac{\text{The Now}}{\text{Now}}\$ after death. Page 6 may be retained by the instance of the properties of the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		- 01	-111111	ICAIL	OI	DEATH	H	EG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH	٧	YEAR	3. TIME OF DEATH
	KATHARINA_		FLEISCHM					05	0.5	5	90	11:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day			8. BIRTH Countr	PLACE (State or Foreign ry)
	216-05-0436	1 M 2 XF	85	YRS.				07-	12-04	4		
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, 1	TOWN	OR LOCATION OF DE	ATH		9c. COUI	NTY OF D	EATH
OB	GREATER BALTIMO	ORE MEDIO	CAL CENT	ER	1	TOW	SON			F	RAT.T	IMORE
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		L son CIT	Y, TOWN OR					•		10d. INSIDE CITY
DIRECTOR				IUC. CIT								LIMITS?
	PLAK I LAND DAI	TIMORE			PHOI		ZIP CODE					1 YES 2 NO
RA						101	1-000			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	14501 MISTY VA				T and the	\perp	21131					
3	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	T EVER IN U.S. AR	NO	H.	yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica	n, Puarto Ricar	pecify Yes i, atc.)	or No—	14. RACE Black	E — American Indian, k, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1 (_ YES	2 XNO Specify	y:			Speci	WHITE
	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OCC	CUPATION	ON -	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G	ive kind of a	work done du	uring mo	st of working				7.1	
P	Elatitation y Sacordan y (0-12)	College (1-4 or 5	"	SEA	MSTRI	ESS			1	MFG.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middl	e, Maiden :	Sumeme)		
	JOSEF FEIERTAG						Provide a Sculpt					1
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	and Number or Rural	Route Number, C	City or Town	r, Stele, Zip	Code)	
2	ANTON J. FLEISCH	MAN. SR.		14501	MIST	TY Y	VALLEY RO	OAD PI	HOEN	TX. N	1D. 2	21131
	20g. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			metery, cremetory or	J. 12		CATION -		
	1 X Buriel 2 Cremetion 3 Remo	ovel from State	other pi		TEDRAT	r. Ci	EMETERY		B/	лттти	ORE.	MARYLAND
- 1	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		-			ND ADDRESS OF FA	CILITY	332		10143	
	0/2		-	1	/ AN	MBR	OSE FUNE	RAL HON	Æ,IN	VC.		
-	23. PART I. Enter the diseases, or o	1		روب	11	328	SUL PHUP	SDRIN	PO7	VD 21	227	Approximate
	shock, or heert fellure. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	List only one ce	ROKE	9.								Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
ij		d										1
	PART II. Other significant condition	e contributing to	death but not	resulting	in the und	derlyin	g ceuse given in	Part i. 24	. WAS AN		24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								1(YES 2			COMPLETION OF CAUSE OF DEATH?
ME	_											1 TES 2 NO
-												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF DEATH (Ch	neck only one)				
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:		ne 5 🗆 Rasidence	6 Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TIN	IE OF :	28c. IN.	JURY AT	28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he , etc. (Specify)	ome, ferm,	street, facto	ry, offic			ON (Street a own, State)	and Numbe	r or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY 2 MEDICAL EXAMINE											a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	yoh					29c. LICENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
임	DE HAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	, Print)					-	41	
	YASER A. SLAYYE	H-MD.	G.B.M.C.		6701	N.	CHARLES	ST. BA	LTIM	ORF	MD 2	1204
	31. DATE FILED (MONWAYNS 1	CO AZ. REGISTR	AR'S BENATURE	30		-					-	1
	1111 11 0	200 200	in Laurdien	malanto								

- - 1

*

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATN

	1 - STATE REGISTRAR	SIMIL OF I	C	ERTIF					MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O			YEAR	3. TIME OF DEATH
	FRANK W. FEIGHT								04	2	9	90	11:00 Am
	4. SOCIAL SECURITY NUMBER 182220371	5. SEX	6. AGE (In yrs. le 64	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	Jan	BIRTH Day, Year)	926	Countr	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DE	ATH		9c. COL	INTY OF D	EATH
5		SACRED HEART HOSPITAL Cumberland ALLEG						EGAN	Y				
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									10d. INSIDE CITY			
Dinector	W. Va Mineral Ridgley								LIMITS?				
	10e. STREET AND NUMBER						. ZIP COD				10g. CI1	IZEN OF V	WHAT COUNTRY?
O INELL	po box 259						26	5759				usa	ı
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	XXYES 2			If yes, sp	ecify Cubi		IIC ORIGIN? n, Puerto Ric		or No-	14. RACE Black Speci	E — American Indien, k, White, atc.
ם ב	3 Widowed 4 Divorced												" white
P C M	17. FATNER'S NAME (First, Middle, Last)						1.7		ME (First, Mi				
מבי	Harvey Feight								Haze				
2	19. INFORMANT'S NAME (Type/Print) Mrs. Margaret Fei	ght							Aoute Numbe West			p Code)	
	20e. METHOD OF DISPOSITION \$\igcap \text{Commenter} \text{Disposition} \text{3 } \square \text{Rem}	oval from State	20b. PLACE	OF DISPO	SITION (N	eme of cer	netery, cre	matory or		20c. LO		- City or To	
	4 Donetlog 5 Other (Specify)	0	T	he Ev									, Pa, 15537
	21. SIGNATIONE OF FUNERAL SERVICE LIK	Jalla	Vill	lle_	22.			ss of FA	St., I	alla Everet	Vall t, I	e Fur Pa, 1	neral Svc. 5537
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	at caused tha duse on each lin	eath. Do	not antar	tha mo	da of dy	ing, auc	h aa cardi	ac or reapl	retory a	rreat,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Conc	inma	lu	~	me	hard	nter					Onset and Death
		DUE TO	(OR AS A CONSE	consequence of:									
HIFICALION	Sequentielly list conditions, it any, leeding to immediata cause. Enter UNDERLYING	OUE TO	(OR AS A CONS	EOUENCE O	F):								
	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSE	EOUENCE O	F):								
u	resulting in death) LAST	d											
ונ	PART II. Other algoriticant condition	ne contributing to	death but not	reculting	In the us	nderlyln	g cause	given in	Part I.	24a. WAS AN		246	. WERE AUTOPSY FINDINGS
5									_	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
													1 YES 2 NO
Z.													
FILLSICIAIN: MEL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF	DEATN (Ch	eck only one,				
2	1 YES 2 NO	1 Inpatient 2	ER/Outpetient		4 🗆 Nu	rsing Non		lesidence	6 Other				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b, TIII	ME OF JURY M		VES 2	□ NO	28d. DE\$0	RIBE NOW I	NJURY O	CCUREO	
	28e. PLACE OF INJURY — At home				atreet, fec	tory, offic	•			TON (Street of Town, State)		er or Rurel i	Route Number,
COMPLEIED	296. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best o											e) end manner as stated.
חם	29b. SIGNATURE AND TITLE OF CERTIFIE	15					29c. LIC	ENSE NUI			29d. OA	TE SIGNE	(Month, Day, Year)
0	Keny	The	mo				D	125	32			4-3	0-96
	DR. GEORGE BREZA					DRI	VE.	CUMB	ERLAN	D. MD	215	02	
	31. DATE SHEP (Month, Day, Year) MAY 8 1990	32. BEGISTR	AR'S SIGNATURE	12						3			
	# """ 133U \$	Tura warran	Di Villa										

	7	뺱		20
	£	2		
	Du.	节		
	end	as		
	att	88		
	9	50		
	pita	P		
	300	ç		e 3
	2	deta		0
	70	pe		Ħ
	2	멀		P
	aju	Poris		Ě
	ref	5		00
	9	age		pe
	may	J.		st
	9	octo		E
	age	dire		10
	9	E .		=
	eath	une		TE
	or di	he t	1	9
	afte	17 (1	MOV	ca
	Sin	2	re	ed
	5	pa	0,	E
į	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending thing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the launt	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	thic	ete	ems	at,
	M p	du	, Cr	eve
	uter	8	Iria	2
	exec	and	0	Паф
	pe	ian	or to	une.
	ate	ySic	pri	r tr
	tific	100	ene	the
	Cer	din	TA TA	0 1
	ath	tten	tal	.0
-	g	Je a	Nen	=
	#	y th	P	-
	that	d b	h ar	Ē
	SS	igne	eaft	60
	dui	S L	工	104
	W re	Dee	f. o	60
	NE GA	725	Dep	23
	The	Ite	ate	E
	AN:	ifica	St	-
	SICIA	cert	the	
	¥	Nis a	With	(ed
	G P	11	4	Jar
)	NIO	Afte	dea	E
	LEN	OR:	fter	90
	A	ECT	60	2 E
	8	OFF.	hour	Tell
1	IAL	A	2	200
	SPI	VER	hin	Ë
	오	3	Will	TA
	THE	HE	100	Õ
	6	0	be f	E
			_	-

	FOR STATE OF MARYLAND 1 - REGISTRAR	/ DEPARTM			MENTAL HYGIEN REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Murry Dunc Murry D. Faulkner				2. DATE OF DEATH 05-04-90	Y YE	3. TIME OF DEATH 3:00 a.m
	a. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. $216-03-3964$ 112 M $_2$ $_2$ $_5$	YRS. MON	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, 18ar)	912	BIRTHPLACE (State or Foreign Country) Maryland
IOH	90. FACILITY NAME (If not institution, give street and number) 3762 Houcks Road RESIDENCE OF DECEDENT	ATH	Balt	of DEATH Simore			
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimore		nkton	ON			10d. INSIDE CITY LIMITS? 1 YES 2 2 NO
FUNERAL	3762 Houcks Road		101.	21111		700	OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☑ YES 2 2 2 2 3 3 ☐ Wildowed 4 ☐ Divorced WWIII	ARMED NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mos tired.)	t of working	Am. To		
	12 th 2 E 17. FATHER'S NAME (First, Middle, Last) Murry Duncan Faulkner	Tec ort	Cal E	18. MOTHER'S NA	ME (First, Middle, Meiden e May Kel	Surname)	6a (OI
TO BE	190. INFORMANT'S NAME (Type/Print) Laura F. Byrd			nd Number or Rural F	Monkton,	n, State, Zip Co	
	1 Ruriel 2X Cremetion 3 Removal from State Office	CE OF DISPOSITIO	Neme of cent emato	etery, cremetory or ry, Inc	20c. Lo Ba	cation — chy lltimo	or Town, State Ore, MD
	Jane A. MacNabb	all	22 NAME AN Crem 299	ation S Frederi	ociety o	f Mar Balt	ryland to., MD 2122
	23. PART I. Enter the diseases, or complications that caused the ahock, or heert failure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Out To (OR AS A CON)	ilne.	enter the mo	de of dying, eucl	h ee cerdiec or reep	iratory arrest	Approximate interval Between Onset end Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):						
¥	PART II. Other eignificent conditions contributing to deeth but n	ot resulting in the	he underlying	ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO OF DEATH 28. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) TOTHER: 1 YES 2 X NO OF DEATH 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28b. INJURY AT WORK? 28. PLACE OF DEATH 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH 28. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH 28. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH 28. PLACE OF DEATH (Check only one)							
27. MANNER OF DEATH 1 Natural 2 Accident 3 Sulcide 4 Homicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 29e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28e. PLACE OF INJURY — At home, ferm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end in the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion, death occurred at the time, date end place, end due to the cause(e) end investigation in my opinion							
BE COM	one) 2 MEDICAL EXAMINER: On the beels of examination end	MBER		IGNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Arthur A. Serpick, M. D.,	(ITEM 27) (Type, Pric	mSt.	Joseph oad. To	Hospital	2120	<i>, ५(%</i>)4
	31. DATE FUED (Months OD Try)			,			-

	7.4	400
S	within	
2	executed	
<	2	
5	ertificate	4
	th C	
	deat	;
2	the	
2	that	
	requires	
	WE	•
Ź	The	
DIVISION OF VIEW DECORDS, 7.0. DOX 13149,	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m	
J	4	
	ENDING	
2	Ē	
2	J. H	
3	SPITAL (

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	C. Gunthe				2. DATE OF DEATH DA	÷ - ĕ	3. TIME OF DEATH HID A M
	4. SOCIAL SECURITY NUMBER 215-09-2993	1 🔀 M 2 🗆 F	(In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE.	7. DATE OF BIRTH (Month, Day, Year) 9-10-19	18	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give stings of the state of the	St.Joseph Hospital				ATH	ec. COUNTY Ba.	lto.
DIRECTOR	10e. STATE 10b. COUNTY Marvland			y, town on Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	arview Ave	•	. 10	1. ZIP CODE 21234			S.A.
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	ATES	If yes, s	CENDENT OF HISPAN Decity Cuban, Maxican S 2 20 Specify.		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)		(Give kind of life. Do NOT u	·	ost of working	18b. KIND OF BUS		TRY
COMPLET	9 Th 17. FATHER'S NAME (First, Middle, Lest)		Rou	te Sale		ME (First, Middle, Malden	airy Sumame)	
B	John C.G.	unther			and Number or Rural R	vina M.S. Noute Number, City or Town	n, State, Zip Co	
5	Frances Gun		2916 b. PLACE OF DISPO			eBalto		21234 or Town, State
	4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Gardens	22. NAME A Har	tley Mi	etery Tier Fun	eral	.,Md. Home Md.21234
CERTIFICATION	23. PART I. Entar the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OF AS		hosk her				Approximate Interval Batween Onset and Desth
MEDICAL	PART II. Other significent condition	e contributing to deeth t	but not resulting	In the underlyli	ng cause given in	Part I. 24a, WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Che			
	27. MANNER OF OEATH 1 Netural 5 Pending 2 Application	28a. DATE OF INJURY (Month, Day, Year)	28b, T/8	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RED
TED BY	3 Suicide s Could not be 4 Homicide determined	3 Suicide s Could not be 28e. PLACE OF INJURY — At he building, etc. (Specify)				28f. LOCATION (Street and City or Town, State)	et and Number or Rural Route Number, te)	
COMPLETED	const only	CIAN: To the best of my know						sause(s) and menner as stated.
TO BE CC	29b, SIGNATURE AND TITLE OF CERTIFIER	Kumai	Ban	nimp	29c. LICENSE NUN	MBER	29d. DATE 8	IGNED (Month, Day, Year)
-	31. DATE MAD (Magh), Day, Jan (1)	O COMPLETEO CAUSE OF DI	M.D.		EPH HO	spirac B	ALTIM	ME MO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OHECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Memia Hyghene prior to burial, cremation; or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL OIRECTOR: After this of	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)		300			2. DATE OF	DEATH		3. 1	IME OF OEATH	1
	Anna V. Greco					May 5	_1990			7:30	Рм
	4. SOCIAL SECURITY NUMBER	and the second s		ONTHS DAYS	IF UNDER 24 HRS.	7. OATE OF (Month, D	BIRTH (ay, Ybar)	8.	BIRTHPLA	CE (State or Fon	eign
	213-74-3716	1 - M 2 X F 9	3 YRS.	ONTHS DATE	HOURS MIN.		4.189		TALY		
_	9a. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN C	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH		
DIRECTOR	6541 Hilltop Avenue			Balt	imore						
EC	10a. STATE 10b. COUNTY	NTY 10c. CITY, TOWN OR LOCATION							10d	INSIDE CITY	-
#	Md.			Baltimon	2				116	LIMITS?	NO
	10a. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	3111 Echodale Avenue				21214			17	ALY		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMEO		ENDENT OF HISPAN			or No.— 14	RACE - A	American India:	n,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify		eri, atc.)		Specify:	200	
	^ 1	TION	La proposition			Lancer		<u> </u>		ITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mo	in st of working	16b. K	IND OF BUSI	NESS/INDUS	THY		
2	Elementery/Secondary (0-12)	College (1-4 or 5+)	HOMEM								
OM	17. FATHER'S NAME (First, Middle, Last)		1101121	MINER	16. MOTHER'S NA	ME (First, Mid	dle, Maiden S	umeme)			
	UNKNOWN LOPREST	I			ISID	ORI V	ADALA				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I			State, Zip Co	de)		
임	CARMELA MARZULLO		6541	HILLTOP	AVE. B	BALTIM	ORE M	D. 212	206		
	20a. METHOD OF DISPOSITION 1	200	b. PLACE OF OISPOSIT	TON (Name of cer	netery, crematory or		20c. LOC	ATION — City	or Town,	State	
	4 Donation 5 Other (Specify)	Van Trom State	PARKWOOD	5/10/	90		BAL	TIMORE	E MD.		
	21, SIGNATURE OF FUNERAL BERVICE LICE	ENSEE TAMES	CLADDEN	22. NAME A	ID ADDRESS OF FA	CILITY					
	* Jenes f. Gla	Shew JAMES	GLADDEN	Leonai	d J. Ruck	Inc. 5	305 Han	ford R	oad 21	214	
NO	23. PART I. Enter the diseases, or canock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Courte OUE TO (OR AS	A CONSEQUENCE OF):	dial						Approxima interval Be Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	the underlying cause given in Part J. 24a. WAS AN AUTO PERFORMED 1 VES 2				MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		TO AUSE		
M	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)			1		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out		OTHER: I Nursing Hon	e 5 Residence	6 🗆 Other (Specify)				
ξ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 28c. IN.	URY AT	28d, OEŞCI	RIBE HOW IN	JURY OCCUI	RED		
BY	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO						
	2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica City or fown, State) 28f. LOCATION (Street and Number or Rural Route City or fown, State)							Number,			
COMPLETED	(Original Orin)	CIAN: To the best of my known R: On the basis of axamination								d menner aa st	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER	0 4 1			29c. LICENSE NUI	MBER		29d, DATE S	IGNED (Mo	nth, Day, Year)	
3 BE	Strank S.	(Julmuon	o or u	YD	10054	175		1 5	-7-	50	
٩	30. NAME AND ADDRESS OF PERSON WHO Frank * Palmisano		EATH (ITEM 27) (Type, F Harford Roa		ore, Mrl.						
		32. REGISTRAR'S SIG									
	MAY 8 1990	Alia Savidson									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendir	be filed within 72 hours after death with the State Dept. of Health and Mental Hyg	

rs after death. Page 6 may be retained by the hospital or attending physician IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	PCILLY S. CHICKO MONTH DAY YEAR OSOC M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Veer) (Month, Day, Veer)
	024-14-7655 1 XM 2 = F 65 YRS. MONTHS DAYS HOURS MIN. 5-25-24 Mass
	9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT HOSPITAL TOWSON BOUTIMORE
H H	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE SPARKS 1- YES 27KNO
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
N N	93 FAR LORORS LOOP 31.53 U-S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,
	FORCES? 1 YES 2 NO If yes, specify Cuban, Maxicen, Puarto Ricen, atc.) Black, While, etc. If YES GIVE WAR OR DATES 1 YES 2 To NO Specify Specify:
ВУ	3 Widowed 4 Divorced W- W- II
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)
2	12 YRS. College (1-4 or 5+) TRASP-DIPT-DRIVER SUMPAPERS
NO I	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
BE C	ALEXANDER GIRVAN FRANCES CORMAN
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
-	FAMILY KECORDS JAME AS ABOVE
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
	4 Donation 5 Other (Specify) 9855 OUNT RECATORY BALTO. 10.
	EVANS CHAPEL OF CHINES
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death
	disease or condition resulting in deeth) s. Longostive heart failure
	DUE TO (OR AS A CONSEQUENCE OF): M. CO
N	Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF):
ATI	If any, leading to immediate course. Enter UNDERLYING
윤	CAUSE (Disease or Injury 5 OUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in death) LAST
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
SAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH! OF D
AED I	1 Des 2 No
ä	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSTITAL: OTHER:
ΗXS	1 ☐ YES 2 ☑ NO
	1 Pending (Month, Dey. Year) INJURY WORK? M 1 YES 2 NO
) BY	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office City or Fown, State)
TED	4 Homicide determined
COMPLET	29a. CERTIFIER (Check offly 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
S S S	2 MEDICAL EXAMINER: On the treate of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE	296. SIGNATURE AND TIFLE OF CERTIFIER 1 29d. DATE SIGNED (MONTH), Day, Year)
10	30. WAINE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 77) (Type, Print)
	SAMUEL C. H. LEE, M.D. St. Jo. Hosp. Towson. MD 21204
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	MAY 8 1990 July Davidson-Randall.

DHMH-16 Ray 1/89

	24 /
o'	ed within 24 n
2	executed
<	8
P.O. DOA 13140	certificate
	death
0	the the
2	that
HAL RECORDS	requires
-	MB
₹	1
L	PHYSICIAN:
DIVIDION	ATTENDING PHYSICIAN
5	R
_	OSPITAL DR

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM FREDERICK HUSSELBAUGH, III MANTHO, 1990 YEAR 3. TIME OF DEATH 3 P M
i A =		4. SOCIAL SECURITY NUNDER 2. S. SEX S. AGE (In yrs. lited birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) AUS 3 1 1934 WASHINGTON, D.C
2, 3 shoul	OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH OF DEATH OF DEATH
Pages 1	DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 HARFORD 1 VES 2 1 NO
sit permit.	A	10. STREET AND NUMBER 10. ZIP CODE
BALTIMORE, MARYLAND 21203-3146 24 nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. on, or removal. he medical examiner must be notifiled at once.	BY FUNER	11. MARITAL STATUS 1
MARYLAND 21203-3146 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	COMPLETED	15. DECEDENT'S EDUCATION (Specify gnbt_highest grade completed) Elementary/Secondary (0-12) N/A Specify gnbt_highest grade completed) College (1-4 or 8+) N/A VICE PRESIDENT 166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) AR-CE ENTERPRISES
MARYLAND e retained by the hosp 5 should be detache notified at once.	BE CO	18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM F. HUSSELBAUGH, JR. 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDNA HILGERT
E, MARYL, y be retained by age 5 should be be notified at	5	196. INFORMANT'S NAME (Type/Print) ARLENE C. HUSSELBAUGH (WIFE) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 620 PONDEROSA DRIVE, BEL AIR, MARYLAND 21014 206. METHOD OF DISPOSITION 206. DESCRIPTION (Name of competers, competers or competers) 206. LOCATION — City or Town, State, Zip Code)
BALTIMORE, er death. Page 6 may 1 the funeral director, pag ral.	0.3	20s. METHOD OF DISPOSITION 1 No. Burdal 2 Cremation 3 Removal from State 4 Connector 5 Other (Specify) 21. SIGNATURE OF DISPOSITION (Name of cometery, crematory or CLEN BURNIE, MARYLAND) 21. SIGNATURE OF DISPOSITION (Name of cometery, crematory or CLEN BURNIE, MARYLAND)
BALTIMORE, R after death. Page 6 may be after funeral director, page moval. ical examiner must be 1		SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 21236
Red within 24 nours after completely filled in by the rial, cremation, or removal c event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death 48 Ms
C. C. BOX 13: th certificate be exect ending physician and a Hygiene prior to but or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Brain Stem Strate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.
NDS, at the d by the and Me y Injur	DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
law law	N: MED	1 YES 2 40
F VITAL SICIAN: The is certificate has in the State De	IYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2*V NO 1 1 1 1 1 1 1 1 1
O 문 발 등	р ву РНУ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETE	4 Homicide determined surreined surreined surreined determined surreined determined surreined determined surreined surreined determined determined surreined determined dete
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	COMPL	(Check only 0 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)
or THE be field MPOR	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		Richard J OBFIEN JHH/BRHINDIE, Mb. 21205 31. DATE FILED (MONTH), Day, Year) 32. REGISTRAR'S SIGNATURE
		MAY 8 1990 July Taridan Pandelle

· ·

BALI	r death.	Ne funera	exami
U	urs after death.	In by th	edicai
		filled fon, o	the m
40,	d within	ompletely I, cremai	event,
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	evecute	in and cr	umatic
2	ate be	hysicia prior	er tra
5	certific	ding p	r othe
	death	Aental 1	ury, o
2	that the	d by th	my in
2	quires	n signe	10WS 3
7	law re	as bee	23 s
¥	V: The	State [item
>	SICIA	certif the	d, 0r
5	NG PHY	fter this	market
2	END	DR: A	20
Ĕ	R AT	IRECTI	em 2
2	M	ML 0	#
	HOSPI	PUNER	ANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera be filed within 72 hours after death with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami

TO BE COMPLETED BY FUNERAL DIRECTOR	DICAL CERTIFICATION
i examiner must be notified at once.	any injury, or other traumatic event, the medical examin
rai.	ith and Mental Hygiene prior to burial, cremation, or remov-
by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ned by the attending physician and completely filled in by the

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, MI		HerberT				EATH DAY G	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 The M 2 F 90 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Veer) 3-23-1900							
1	90. FACILITY NAME (If not institution, give street end number) MENICIAN CATON MANOR Baltimore City					9c. COUN	N/A	Н
RESIDENCE OF DECE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 372 Marydel 11. Marital Status 1 Never Merried 2 Never	ll Rd Baltimor	e. Md.	10f.	ZIP CODE			EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Me 3 X Widowed 4 Diverce	12. WAS DECEDENT EYER IN FORCES? 1 -YES	N U.S. ARMED	If yes, spe	ENDENT OF HISPAI city Cuban, Mexica 2 NO Specifi	n, Puerto Rican	ecify Yee or No-	14. RACE — Black, W Specify:	American Indien, Thite, atc.
15. DECED (Specify only his Elementary/Secondary (0-12 N / A 17. FATHER'S NAME (First, Midd)	ENT'S EDUCATION (ghest grade completed) College (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N t of working		D OF BUSINESS/INDL		112 00
N/A	N/A	Milly	vright			thlehem S	Steel	
	NKNOWN			18. MOTHER'S NA		NOWN		
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDI					Ity or Town, State, Zip		
William Glov 20a_METHOD OF DISPOSITION 1 Burlet 2 Cremetton		372 Me				Md. 212		State
4 Donation 8 Other (Sp	pecify) B	altimore 1	Nationa	l Cemete	ry	Baltimon		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue Baltimore, Md. 21229							
if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	disease or condition resulting in deeth) ARTERIOSCLEROTIC CAR DID VASCOCIAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury) CAUSE (Disease or injury)							
PART II. Other algnificent	conditions contributing to death b	out not reaulting in t	the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	CC Of	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION DF CAUSE DEATH? SES 2 NO
25. WAS CASE REFERRED TO I	HOSPITAL:	9	тнея:	ACE OF DEATH (Ch				
1 YES 2 NO 27. MANNER OF DEATH Natural 8 Pe		28b. TIME O	F 28c. INJU			ecify) BE HOW INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) (City or Town, State)							
000)	YINO PHYSICIAN: To the best of my know							nd manner ee stated.
Surju	fulka			DRG 3	MBER 395	29d. DATE	SIONED (M	grith, Day, Your)
30. NAME AND ADDRESS OF P		BALTIM	IVRE	MB 21	202	SURVI	T	JULKA M.
31. DATE FILED (Month, Pay, Yell	32. REGISTRAR'SSIGN	AFURE						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last) CAROL		HUCKE			2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	<u> </u>	5				05	77	90 11:40a. M
	4. SOCIAL SECURITY NUMBER 215-30-3457		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		1 □ M 2 🖾 🗶 5 () YRS.			02/19/3		BALTIMORE, MO.
_	90. FACILITY NAME (If not institution, give str GREATER BALTI		CENTED		MORE - 1		9c. COUNTY	TIMORE
0	RESIDENCE OF DECEDENT	MORE MEDICAL	CENTER	DALI.	IMUKE - 1	nacan	DAL	- I IMORE
S I	10e. STATE 10b. COUNTY	-	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	MD BAI	Times		PARK	211151			LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	51.11 0142			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	25 49 WAL	TSR CA	K ROAD		21234		U	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				IIC ORIGIN? (Specify '	fes or No- 14.	RACE — American Indian, Black, White, atc.
BY F	1 Never Merried 2 Merried 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify			Specify:
	15. DECEDENT'S EDUC	PATION	16e. DECEDENT'S	LIGHT COOLINATI	241	Task Killip of	USINESS/INDUST	WHITE
1	(Specify only highest grade	completed)	(Give kind of w	rork done durina ma	ast of working	160. KIND OF E	OSINESS/INDUS	INT
2	Elementery/Secondary (0-12)	College (1-4 or 5+)	PAVRN	101	ok	TOU	00 Una	Kins Hosp.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		1117103	4	16. MOTHER'S NA	ME (First, Middle, Maid		1/1/13 1/(0/-
	William	L. Hucks	JA		120	DORS 1	A. Fs.	MER
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural I	Route Number, City or 1		
유	FAMILY R	ECORDS	5	AMS	AS AP	LYD		
	20e. METHOD OF DISPOSITION 154 Burlel 2 Cremetion 3 Remo	20	b. PLACE OF DISPOS	ITION (Name of ce	metery, crematory or	20c.	LOCATION — City	or Town, State
	4 Donation 6 Other (Specify)	Wall from State		SOF	FAITH	1 R	LAGILL	12 MO-
	21. SIGNATURILO: FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	IM CE	55
	Day 450	A com		200	O HARE	260 Bro	2-Pag	kv.115
	23. PART I. Enter the diseases, or c	omplications that cause	d the death. Do n				piretory arrest	
	shock, or heart failure. I IMMEDIATE CAUSE (Final	list only the cause on	aach lina.					Intarval Between Onset and Death
	disease or condition ————————————————————————————————————							
	DUE TO (OR AS A CONSEQUENCE OF):							
z	Sequentially list conditions, C.V.A							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
5	CAUSE (Disease or injury	DUE TO AGE AS	A CONSEQUENCE OF	107				
Ē	that initiated events resulting in death) LAST	9		,				
E		1						
	PART II. Other significant conditions	s contributing to death	but not resulting i	n the underlyin	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL						1 YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?
						_ "		YES 2 NO
PHYSICIAN: M								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	LACE OF DEATH (Ch	eck only one)		
X	1 YES 2 NO	26s. DATE OF INJURY				6 Other (Specify)	W IN HIRW OCCUP	NED.
	1 Netural 5 Pending	(Month, Day, Year)		URY W	JURY AT ORK? YES 2 NO	280. DESCRIBE NO	W INJURY OCCUP	NED .
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	ty — At home, farm, a			28f. LOCATION (Street and Number or Rural Route Number,		
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Sp	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, St	rte)	,
Significant and the desired as Could not be determined building, stc. (Specify) City 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date								
MP	and and the							euse(e) end menner as stated.
8			- Transfer and the strip action	it, itt itty opiniott,				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-070	re no	\sim	29c. LICENSE NUI	771	29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	EATH OF MOTOR	Print)	000	440	100	6-70
	DD = 0111 1111	BYRON, M.	D. Rei	beccas	7. Luda	17 MD	6701 A	BMC.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE				_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ears after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2	/

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	OLITTII 10	AIL OI	DEATH	2. DATI	OF DEATH	YE		TIME OF DEATH	
1	VIOLA M. JACOBS						2	90		6:40 P M
	The state of the s	□ M 2 XF 7	5 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7-1	OF BIRTH th, Day, Year) 6-1914	· ·	MAR!	ACE (State or Foreign
DIRECTOR	RIVERVIEW NURSING H		96		ESSEX	EATH		BAL	TIMO	
REC	10s. STATE 10b. COUNTY			OWN OR LOCATION	ON				10	d. INSIDE CITY
	MARYLAND BALTIMORE 106. STREET AND NUMBER				UNDALK ZIP CODE			1 U YES 2 XXNO		
FUNERAL	4036 ST. MONICA DRI	VE			212:	22		u.s.A.		
BY FUN	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		ENDENT OF HISPA city Cuben, Mexic 2 XIXO Speci	an, Puerto			RACE — Black, V Specify:	American Indian, mite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12) C.	ON pleted) ollege (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N t of working	16	b. KIND OF BUSI	NESS/INDUST	RY	
MPL	THE STATE OF THE S	N/A	HOME	MAKER			1	HOME		
00	17. FATHER'S NAME (First, Middle, Lest)						Middle, Meiden S			
BE	WILLIAM HUDSON 190. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street an	G ad Number or Rural		E. SMA				
임	CHARLES R. JACOBS.		4036 ST	MONI	CA DRIV	E B		- 111		ND 21222
	20a. METHOD OF DISPOSITION 1/ Normal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. BALTIMORE. MARYLAND									
	21. SIGNATURE OF FUNERAL BESTINGE LICENS	DQ		DUDA-	DADDRESS OF F RUCK FUL WISE AV	NERA.	L HOME	OF DUN	DALI	K, INC.
	ALPART I. Enter the diseases, or com ahock, or heart failure. Liet									Approximate
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arteriosce	ustic Co	rona	ry Va	scole	as Di	seas	e	Interval Between Onset and Death
Z	Sequentially list conditions, b. Our so consequence of:									
CATIC	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	that initiated events oue TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	Corefro voice Clar Arterios cloter Disease 1 - yes 2 - No 1 - yes 2 - No									
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: 28. PLACE OF DEATH (Check only one)									
YSIC	1 □ YES 2.□ NO 1	OSPITAL: Inpatient 2 ER/Outpat	tient 3 DOA		6 🗆 Residence	6 🗆 Ott	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e, DATE OF INJURY (Month, Dey, Year)	28b. TIME O	Y WOI	JRY AT RK? ES 2 NO	26d. D	EŞCRIBE HOW IN	JURY OCCUR	ED	
1	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ite Number,			
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION OF THE CHAPTER OF THE CHAPTE								wse(e) =	nd manner as stated.
BE C	ON O	00.00	2.0		29c. LICENSE NO	11	7	29d. DATE SI	GNED (N	fonth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO/CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pr	int)	١) ()	00	/	,	13	170-
	31. DATE FILEM ATY. ON. Year) 1000	32/REGISTRAR'S SIGNA	TURELINGE							-
	1990	guha Dandson								

•

.

န္	2	3	100
B	-	2	Ē
8	icia	10	E
Cale	3	d a	100
	0	lien	€
22	ndir	¥	2
рее	afte	Ital	>
9	he	Me	į
1	7	g	-
Ē	pe	th a	an
ies ies	sign	ear	5
9	Ea.	10	hon
*	9	pt.	S
9	has	ద్ది	12
=	ate	tate	Fer
Ä	tific	S	-
S	9	=	-
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate de exec	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bu	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumal
9	ler	ath	E
5	A	de	95
	OR	fter	00
Z	EC	85	E
6	등	DO.	e
R	A	2	±
S	NEF	Pic.	Ė
웊	3	M	E
¥	분	Pa	Š
0	0	60	3

STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	NEWBERN LIN	DSEY	JONES			MONTH 0	-	9 · 7 M
OR	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		IRTHPLACE (State or Foreign
	240 - 44 - 32 9 9a. FACILITY NAME (If not institution, give str	1 M 2 F	63 YRS.	DAYS DAYS DAYS DAYS DAYS	HOURS MIN.	10 22	Bc. COUNTY	M. Corolevel
	1212 BUSH R	D		abindo		un	Here	Sold
티티	RESIDENCE OF DECEDENT 10g. STATE 10b. COUNTY	/ /	10c CITY	TOWN OR LOCATIO	W d			10d, INSIDE CITY
FUNERAL DIRECTOR	md. Har	And	a	bing	ton			LIMITS?
	10e. STREET AND NUMBER	DA C	Charles .	m/ 2	100E	2	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS		EVER IN U.S. ARMED			C ORIGIN? (Specify Ver	or No.— 14.1	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	R OR DATES		Ify Cuben, Mexican NO Specify:	, Puerto Rican, etc.)	1.0	Black, White, etc.
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTI	RV RV
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	rk done during most	of working	CO SO	1	
AP.	7		Slee	lwork	и	Bet	h s	leel
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1.			18. MOTHER'S NAM	E (First, Middle, Malden	Surname)	in
BE	19a, INFORMANT'S NAME (Type/Print)	pres	John Man Buc a	DORESS (Street and	eve	. Me	1000	cams
2	mary Kne	aht	212	Bush	Rd. (1	Levals	Try.	21009
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State other place)							
	4 Doppleton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	Land & Date St. 12-11 2 DIT 10 B. M. 2.1							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate							
	shock, or heert feliure. List only one cause on each line.							
	disease or condition resulting in death) • Activiosicles of Cardiavasulan Desert							
CERTIFICATION	e. UULALINGUELLE CACCULATION C							
	Sequentially list conditions b.							
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING							
	CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):							
E	resulting in death) LAST							
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS							
CAL	Cheacie Ostenitari Lathurstany De					PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	- Secretar ostatelytes permany				1 200	1 TYES	2 DANO	OF DEATH?
Σ :		-				-		TES ZEIND
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER							
	i) YES 2 NO	HOSPITAL: 1 Inpetient 2		OTHER: I Nursing Home	5 Residence	6 Other (Specify)		
PH	27. MANNER OF DEATH 1 Notural 5 Pending	28a, DATE OF (Month, De		RY WOR	IC?	28d. DESCRIBE HOW	INJURY OCCURE	ED
B⊀	2 Accident Investigation	On District Of the Head						
COMPLETED	3 Suicide 6 Could not be 4 Momicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							urer Houte Number,
Ę	29s. CERTIFIER (Check only (Ch							
N O	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
	296. SIGNATURE AND TITLE OF CERTIFIER	1 LOck	MelEjemis	ek	29c. LICENSE NUM		29d. DATE SIG	SNED (Month, Day, Year)
TO BE	Keliert Carmas DO 1194 > 5/7							7/90
۲	BICHARD FOR AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD FOR AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RICHARD FOR AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	RICHARD J. COLFERIMD EN Destington, Md 21034							
	MAT 8 1990' S	was wanted	an-Market			20		

Nada Kiwan

8 1990

"	100. STREET AND NUMBER						101. ZIP CC	2122		U.	S.A.	
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Mai	12.	WAS DECEDENT E FORCES? 1 5 IF YES, GIVE WAR	YES 2		If		OF NISPAI	NIC ORIGIN? (Specify an, Puerto Ricen, etc.)	_		American Indian, hite, atc.
ED BY	3 Widowed 4 Divorced	NT'S EDUCATION	ON	16a. D	ECEDENT'S	JSUAL OC	CUPATION		16b. KIND OF	USINESS/IN	WHit	te
	(Specify only high Elementary/Secondary (0-12)		oleted) ollege (1-4 or 5+)	.iii	a. Do NOT us	retired.)	ring most of wor	975	Choo	anoal	co Mac	chine Sho
ONCE.	Unknown 17. FATHER'S NAME (First, Middle	a, Last)	· · · · · · · · · · · · · · · · · · ·	5	Heet	MEt	al ME		ME (First, Middle, Maid		ve Mac	TITHE 211
111 B	Ray Columbus Keener, Sr. Margaret C. Foote							e				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
De no		Shirley Keener 1029 Mace Ave. BAlto., Md. 21221										
must b	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State											
	4 Donation 5 Other (Specify) Greenmount Crematory Balto., Md.											
examiner	· Kolond	Bradley-Ashton FUneral Home, INc. 2134 WIllow Spring Rd.Dundalk, Md.212										
medical	23. PART 1. Enter the dise											Approximate
	ahock, or hear IMMEDIATE CAUSE (Final	t failure. List	only one cause	on each lin	ie.							Interval Between Onset and Death
event, the	disease or condition resulting in death)	a			c Carcinoma							
5			DUE TO (C	R AS A CONSI	EQUENCE OF):						
	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									-		
	tf any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
	cause. Enter UNDERLYING CAUSE (Disease or injury	c_	CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):									
	cause. Enter UNDERLYING CAUSE (Disease or injury	d	DUE TO (C	R AS A CONSI	EQUENCE OF):						
ury, or other traumatic CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	(d					lertying caus	e given in		AN AUTOPSY		RE AUTOPSY FINDINGS
ury, or other traumatic CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	(d					lerlying caus	e given in	PER	FORMED?	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE
any injury, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	(d					lerlying caus	e given in	PER		AM CO OF	ALABLE PRIOR TO
shows any injury, or other traumatic: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	(d					lerlying caus	e given in	PER	FORMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATN?
shows any injury, or other traumatic: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO N EXAMINER?	conditions co	ontributing to d	eath but not	resulting	n the unc	26. PLACE OF	F DEATH (C	PER 1 YES	FORMED?	AM CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATN?
or item 23 shows any injury, or other traumatic HYSICIAN: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant	conditions co	ontributing to d	eath but not	resulting	OTHER	26. PLACE OI	F DEATH (C	PER 1 YES	FORMED?	AW CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATN?
ked, or liem 23 shows any injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per	conditions of	OSPITAL:	eath but not	resulting	OTHER	26. PLACE OF	F DEATH (C)	PER 1 YES	FORMED?	AW CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATN?
I, or item 23 shows any injury, or other traumatic HYSICIAN: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident	conditions co	OSPITAL:	eath but not ER/Outpatient JURY Year)	resulting	OTHER 4 Number of Number o	26. PLACE OF THE P	F DEATH (C)	PER 1 YES	W INJURY OF	AM CO OF	NLABLE PRIOR TO MPLETION OF CAUSE DEATHY

30. NAME AND ADDRESS OF PERSON WIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21237 MD 9000 Franklin Square Drive 32. REGISTRAR'S SIGNATURE Sevidson-Bonde

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTR	ΑR
1	D	ECEDENT'S	MA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	* REGISTRAR				IVALL		DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			186				2. DATE	E OF DEATH	V	3. TIME OF DEATH		
	WALTER	SIMON		KENS	ICKI	SR.		MA	TH OS	3 1	1990 4:55 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER 24 HR		E OF BIRTH		8. BIRTHPLACE (State or Foreign		
	218-10-0985	1 🕅 M 2 🗌 F	7.3	YRS.	MONTHS	DAYS	HOURS MIN	Marc	th, Day, Year)	17	Marvland		
	9e. FACILITY NAME (If not institution, give st	reet and number)	, ,		9b, CITY	. TOWN C	OR LOCATION OF	FDEATH	11) 10	9c. COUNTY OF DEATH			
œ		and the second									1 1		
2	North Arundel Ho	spital			GIE	n Bu	ırnie			Ann	e Arundel		
	10e. STATE 19b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	TION				10d, INSIDE CITY		
띩	Maryland Anne	Arundel		Gla	n Bu	rnic					LIMITS? 1 YES 2 Y NO		
<u> </u>	10e. STREET AND NUMBER	mander		1 010	II Du		I. ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?		
R	613 Binsted Road					-	21061			TTC A			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II S A	ARMED 13, WAS DECENDENT OF HISPANIC			PANIC ODIG	IN? (Specify Ven	USA 14. RACE — American Indian,				
	1 Never Married 2 X Married	FORCES? 1	YES 2 V	NO If yes, specify Cuben, Mexicen, Pue				xicen, Puerto		01 110—	Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1 TYES 2 NO Specify:				ecity:	tly: Specify: Wh				
	15. DECEDENT'S EDUCATION			16a. DECEDENT'S USUAL OCCUPATION				16	Bb. KIND OF BUS	SINESS/INI			
E I	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			'Give kind of t le. Do NOT ut	work done se retired.)	during mo	ast of working						
7	7 th None			Grinder					ARMCO S	+001			
COMPLETED	7 C11 NOTE 17. FATHER'S NAME (First, Middle, Last)			GII	18. MOTHER'S NAME (Fig.								
	Walter Kensicki				Josephine					,	V		
8				ON MAIL ING	Annese	S /Streat (JOSED:						
2								ner route rear	mou, ony or low	1, 01010, 24	p 0000y		
						me as 10 SITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, \$					Oliver Town Chats		
	1 XBurial 2 Cremation 3 Rem	oval from State	other j	place)						12010	25.01 - 111.15 - 27.77		
	4 Donation 5 Other (Specify)		Gard	ens o			Cemete:		Balt	lmor	e, Maryland		
	21. SIGNALUNE OF EDIVERAL SERVICE OF	AMERICA					ETON FU		HOME				
	21 Daite	-			1	SEC	COND AV	E.S.W	. GLEN	BUR	NIE, MD 21061		
	23. PART I. Enter the diseases, or o										rest, Approximata		
	shock, or heart failure.										Interval Between Onset end Death		
	iMMEDIATE CAUSE (Fine) disease or condition	1/00	56-	-11	' (-0/	16	11.0	Car	0	/2		
	resulting in death)	a. DUE TO	OR AS A CONS	EQUENCE O	FI:	C /		- J	- 4	c. C			
	disease or condition resulting in death) a. Non-Small (ell Cung Cancer Due to (or as a consequence of): in elas Talie To Bone												
_	Sequentially list conditions, he have a consequence on												
NO	bodadinami, not boniambile,	b. DUE TO	OR AS A CONS	If any, leading to immediate									
ATION	bodadinami, not boniambile,	b. DUE TO	OR AS A CONS	EOUENCE O									
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS		F):								
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS		F):								
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE O									
AL CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE O		nderlyin	ig cause giver	n in Part i.	24e, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO		
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE O		nderlyin	ig cause giver	n in Part i.		RMED?	24b. WERE AUTOPSY FINDINGS		
EDICAL	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE O		nderlyln	ng cause giver	n in Part i.	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE		
EDICAL	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE O		nderlyin	ig cause giver	n in Part i.	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?		
EDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONS	EOUENCE O	in the u	26, P	g cause giver		PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?		
EDICAL	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in deeth) LAST PART II. Other significant condition	DUE TO (OR AS A CONS	EOUENCE O	in the u	26, P		I (Check only	PERFOF 1 YES 2 one)	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?		
EDICAL	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpettent INJURY	t resulting	OTHE 4 Nu	26, P R: rsing Hor 28c. IN	LACE OF DEATH	I (Check only	PERFOF 1 YES 2 one)	NO NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpettent INJURY	t resulting	OTHE	26, P R: rsing Hor 28c. IN.	LACE OF DEATH	I (Check only nce 8 Ot	PERFOR	NO NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpatient INJURY IN, Year) F INJURY — At I	t resulting	OTHE 4 Number of JURY	26, P FR: raing Hor 28c, IN. W	LACE OF DEATH THE 5 Revided JURY AT ORK? YES 2 NO	I (Check only nee 8 Oti	one) Therefore (Specify) DESCRIBE HOW I	NO N	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpatient INJURY INJ INFO (No. 1)	t resulting	OTHE 4 Number of JURY	26, P FR: raing Hor 28c, IN. W	LACE OF DEATH THE 5 Revided JURY AT ORK? YES 2 NO	I (Check only nee 8 Oti	PERFOR	NO N	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpetlent INJURY INJURY INJURY At Injury etc. (Specify)	t resulting 3 DOA 28b. Till iN	OTHE 4 Number of JURY M	26, PR: raing Hor 28c. IN. W1 1 ctory, office	LACE OF DEATH THE 5 Recider JURY AT ORK? YES 2 NO	I (Check only nce 8 Oti 28d, D	one) OCATION (Street thy or Town, State)	NO N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS.	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpetlent INJURY INJURY At inc. (Specify) my knowledge,	t resulting DOA Both Till Thomas, farm,	OTHE 4 Number of JURY M	26, PR: raing Hor 28c, IN. 1	LACE OF DEATH THE 5 Resident SURY AT ORK? YES 2 NO Ce	I (Check only nece 8 Otto 28d, D)	One) ther (Specify) DESCRIBE HOW I OCATION (Street by or Town, State)	NO N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number,		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpetlent INJURY INJURY At inc. (Specify) my knowledge,	t resulting DOA Both Till Thomas, farm,	OTHE 4 Number of JURY M	26, PR: raing Hor 28c, IN. 1	LACE OF DEATH THE 5 Resident SURY AT ORK? YES 2 NO Ce	I (Check only nece 8 Otto 28d, D)	One) ther (Specify) DESCRIBE HOW I OCATION (Street by or Town, State)	NO N	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED er or Rural Route Number, sted.		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (d	OR AS A CONS OR AS A CONS death but not ER/Outpetlent INJURY INJURY At inc. (Specify) my knowledge,	t resulting DOA Both Till Thomas, farm,	OTHE 4 Number of JURY M	26, PR: raing Hor 28c, IN. 1	LACE OF DEATH me 5 Revider JURY AT ORK? YES 2 NO ce e end place, and death occured at	28d, Do	One) One)	NO N	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, ated. the ceuse(e) and manner as stated. TE SIGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER TANABLE	DUE TO (d	OR AS A CONS OR AS A CONS Description ER/Outpetient INJURY INJURY F INJURY — At letc. (Specify) my knowledge, tamination and/o	t resulting a DOA 28b. Till Nhome, farm, death occur or investigati	OTHE 4 Number of Street, factors, in my	26, PR: raing Hor 28c, IN. 1	LACE OF DEATH me 5 Revider JURY AT ORK? YES 2 NO ce e end place, and death occured at	Check only	One) One)	NO N	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED er or Rural Route Number, sted.		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER AND ADDRESS OF PERSON WHITE CAUSE AND ADDRESS	DUE TO (d	OR AS A CONS OR AS A CONS DESTRUCTION OF THE CONS DESTRUCTI	a DOA 28b. Till IN	OTHE 4 Num AE OF JURY M street, fac	26. PR: raing Hor 28c. IN. 1 ctory, office time, dat	LACE OF DEATH me 5 Recider JURY AT ORK? YES 2 NO ce e end place, and death occured at	Check only	PERFOR 1 VES 2 one) ther (Specify) DESCRIBE HOW I DOCATION (Street lifty or Town, Stete) couse(a) and measte and place, er	INJURY OC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, ated. the ceuse(e) and manner as stated. TE SIGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER TANABLE	DUE TO (d	OR AS A CONS OR AS A CONS DE ACCOMS DE AC	a DOA 28b. Till IN death occur or investigati	OTHE 4 Num AE OF JURY M street, fac	26. PR: raing Hor 28c. IN. 1 ctory, office time, dat	LACE OF DEATH me 5 Revider JURY AT ORK? YES 2 NO ce e end place, and death occured at	Check only	PERFOR 1 VES 2 one) ther (Specify) DESCRIBE HOW I DOCATION (Street lifty or Town, Stete) couse(a) and measte and place, er	INJURY OC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, ated. the ceuse(e) and manner as stated. TE SIGNED (Month, Day, Year)		

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) ROBERT D -	KALEY	t Donald	Kaley	II	2. DATE	OF DEATH DIX	90	VEAR 3	ZSZ	H12: ₹ M
4. SOCIAL SECURITY NUMBER 432-80-8934	1 2 F	43 YRS. WO	FUNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	11 -	09-19	946	Country)	inois	reign
98. FACH ITY NAME (If not institution, give) St. Joseph H RESIDENCE OF DECEDENT		98	ь. city, тоwn ог Tow	SON	ATH		Balt	i moj		
10a. STATF 1 10b. COUNT		10c. CITY, T	TOWN OR LOCATI	ON				10	Dd. INSIDE CITY	
Maryland Ba	ltimore	Bai	ltimor	е				5 1	YES 2	140
8245 Brattle	Road	-		21208			10g. CITIZ	37	AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 🖾 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES GIVE WAR OR D	2-1 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto F	? (Specify Yes licen, etc.)	or No—	Black, \	- American India Whita, atc. ite	en,
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATIO	N t of working	16b.	KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)									
	5 +	Managme	ent An					<u>'t</u>		
17. FATHER'S NAME (First, Middle, Laist) Robert Donald	Kalow T			18. MOTHER'S NA	(,			
19a. INFORMANT'S NAME (Type/Print)	Raiey I	THE MAN BAC AC	NODESS (Street or	June d Number or Rural P				Code)		
Robert D. Kal	AT T								. 0	
20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSITI		nde. Lo	moa		CATION — C	6014		
1 Buriel 2 Cremation 3 Rem	moval from State	Metro Cr								
21. SIGNATURE OF FUNERAL SERVICE L	ICHSES 5/0 7	MC 01 0 01	22 NAME AN	D ADDRESS OF FA	CILITY		ltim			
Jane A.		lac Part	Crem 299	ation S Frederi	oci	ety o Road,	f Ma Bal	ryla timo	and ore, M	D
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. DUE TO (OR AS a								interval B Onset and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):								
PART II. Other algorificant condition MARFANS DISSECTING	SYNDRON	HE		cause given in	Part I.	24a. WAS AN PERFOR	MED?	6	VERE AUTOPSY F WAILABLE PRIOR COMPLETION DF OF DEATH? YES 2	CAUSE
					_				_ ·== * U.	
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only on	10)				
EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	5 - Residence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	DF 28c. INJ	JRY AT		CRIBE HOW I	NJURY OCC	URED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF INJUR	Y — At home, ferm, stre				ATION (Street or Town, State)		or Rural Ro	ute Number,	
(Critical Unity	SICIAN: To the best of my know NER: On the basis of examination								and manner as I	stated.
29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Month, Day, Year)	
Framsollw		TAFF MO)		3020	63	•	5-2	-90	
30. NAME AND ADDRESS OF PERSON W	0, ST- JOS	EPH HO	SPITA							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

8 1990

DHMH-16 Rev 1/89

1	•	STATE REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF D	PEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 10SEPH V.				2. DATE OF OEA MONTH	TH DAY YE	3. TIME OF DEATH			
	218-18-1731 1 X M 2 □ F	55 YRS. MON	THE DAYS H	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y 10-9-	1924	BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	9a. FACILITY NAME (If not institution, give street and number) 3701 NORTH POINT ROAD LOT : RESIDENCE OF DECEDENT		DUNDA	LK	ATH	9c. COUNTY BA	OF OEATH LTIMORE			
DIRECTOR	MARYLAND BALTIMORE	10c. CITY, TO	OWN OR LOCATION	DA LK			10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
FUNERAL	3701 NORTH POINT ROAD LOT			IP CODE 212			OF WHAT COUNTRY? U.S.A.			
BY FUI	11. MARITAL STATUS XX Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? IT V YES IF YES, GIVE WAR OR DU	2 NO	If yes, speci	OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- , specify Cuban, Mexican, Puarto Rican, etc.) YES 2 XIX10 Specify: WHI						
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most o							
A P	6TH GRADE N/A									
BE CO	17. FATHER'S NAME (First, Middle, List) 10HN_W_KLIMA	IS. MOTHER'S NAI		laiden Surname) A A. KUBI	N					
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	GEORGE A. KLIMA									
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PLACE OF DISPOSITION OTHER PLACE OF DISPOSITION OF THE ARM ACRED HEAR	T OF JE	SUS 5-5	-1990	BALTIMOR	or Town, State E, MARYLAND			
	II. BIOMACTURE OF PURIFICACION DE LICENSEE		DUDA-RU		RAL HOM	E OF DUND DALK. MD	ALK, INC. 21222			
	23 PART I. Enter the diseases, or complications that caused	the deeth. Do not								
	ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) ARTERIOSCLEROTIC CORONARY VASCULAR DISEASE DIFTO (OR AS A CONSEQUENCE OR)									
NOIL	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CONSEQUENCE OF):								
5	d									
DICAL	PART II. Other algorificant conditions contributing to death b	ut not reaulting in ti	ne underlying o	cause given in	P	AS AN AUTOPSY ERFORMEO? (ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
Σ					_		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLAC	CE OF OEATH (Ch	ock only one)					
YSI	YES 2 NO 1 Inpatient 2 ER/Outp	atlent 3 DOA 4	Nursing Home	1	6 Other (Special					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26b. TIME OF	WORK		28d. DESCRIBE	HOW INJURY OCCUR	ED			
8	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know MEDICAL EXAMINER: On the basis of axamination						use(a) and manner as stated.			
BE	112/12/11/11	PUTY MED	ICAL 3	D29	197	29d. DATE 81	QNED (Manth, Day, Year)			
10	T. M. NIETO TO MO 900	ATH (ITEM 27) (Type, Pri	11N -	SQYARI	E DR	BALTO 1	mp 21237			
	31. DATE FILED (Month, Day, Year) NAY 8 1990 Julia Devidor	ATURA CONTRACTOR				,				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HELEN SLONE.
31. DATE OF LONG TO STATE OF STATE

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal. fours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO	E	90	12559
1. DECEDENT'S NAME (First, Middle, Last)	(correct nam	e should	be EMM	A LEE)	2. OATE OF DEATH MONTH D	AY YE	3. TI	ME OF DEATH
E	MILY LEE				04/29		EAR	8·10 PM
4. SOCIAL SECURITY NUMBER	A	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE	E (State or Foreign
214-12-1414	1 🗆 M 3 🕡 F	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05/31/19		Country)	AND
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY. TOWN O	OR LOCATION OF DE		9c. COUNTY	OF OFATH	AND
			,					
GREATER BALTIM	ORE MEDICAL (CENTER I	10	ISON		L BAL	LIMORI	
10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	TION			10d.	INSIDE CITY
MARYLAND BALT	IMORE		BAI TIMO	DE				YES 2 NO
10e. STREET AND NUMBER	TPACITO			. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
421% SCHWARTZ AVE	MILIE			21212				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		RACE - Ar	merican Indian,
1 Never Married 2 Married	FORCES? 1 YES		II yes, sp		n, Puarto Rican, atc.)		Black, White Specify:	ia, atc.
3 Widowed 4 Divorced	IN TES, GIVE WAR ON DA	1123	1 1 1 1 1 1 1	Z NO Specif	у.		WHITE	
15. DECEDENT'S EDUC		16a. DECEDENT'S U			16b. KIND OF BU			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	et of working				
Latinitial years are years	Solings (1-4 of 5 4)							
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
				100				
19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Street)	and Number or Burel	Route Number, City or Tow	un Stata Zin Co	rial	
Mr. John Stolarz	(quardian)		(0.000	Tro tronger or charact	ricolo Harroot, ony or ron	in, orale, Lip oo		
20a, METHOD OF DISPOSITION		PLACE OF DISPOSI	TION (Name of ac		200-10	CATION — City	as Town 8	w.
1 Burial 2 Germation 3 Remi	oval from Stata	other place)	THOM (Nume of Cer	netery, crematory or	206. EC	CATION — City	or lown, a	late
21, SIGNATURE GET UNERAL SERVICE LIC		a.	DO MANE A	ND ADDRESS OF FA	OH (TV			
21. Sidmin gig Got one ne gentree en	0 11/0.	5-8-20	O 22. NAME A	AD ADDHESS OF TA	CILITY			
1 1000111-1								
1 -Tonaces	110000	u	STAT	E ANATOM	Y BOARD, E	BALTO.,	MD.	21201
23. PART Enter the diseases, or o					Y BOARD, E			Approximate
shock, or heart fellure.	complications that caused List only one cause on ea							Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on ee	och line.	ot enter the mo					Approximate
shock, or heart fellure. iMMEDIATE CAUSE (Finel	e. CARDIOPULN	MONARY AR	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition	e. CARDIOPULN DUE TO (OR AS A	MONARY AR	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions,	e. CARDIOPULM DUE TO (OR AS A MENINGUIM	MONARY AR CONSEQUENCE OF	RREST					Approximate Interval Between
shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate	e. CARDIOPULM DUE TO (OR AS A MENINGUIM	MONARY AR	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. CARDIOPULN DUE TO (OR AS A DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF)	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING	e. CARDIOPULN DUE TO (OR AS A DUE TO (OR AS A	MONARY AR CONSEQUENCE OF	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. CARDIOPULN DUE TO (OR AS A DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF)	RREST					Approximate Interval Between
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. CARDIOPULN DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	RREST):	de of dying, suc	Part I. 24s. WAS AN	AUTOPSY	24b. WERIN	Approximate Interval Between Onset and Death Onset and Death
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition	e. CARDIOPULN DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	RREST):	de of dying, suc	Part I. 24a. WAS AN	AUTOPSY RMED?	24b. WERICA	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETTON DF CAUSE
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition	e. CARDIOPULA DUE TO (OR AS A d.	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	RREST):	de of dying, suc	Part I. 24s. WAS AN	AUTOPSY RMED?	24b. WERING	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition	e. CARDIOPULA DUE TO (OR AS A d.	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	RREST):	de of dying, suc	Part I. 24a. WAS AN	AUTOPSY RMED?	24b. WERING	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETTON DF CAUSE
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU	e. CARDIOPULA DUE TO (OR AS A d.	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF)	RREST): n the underlyin	de of dying, suc	Part I. 24a. WAS AN PERFO	AUTOPSY RMED?	24b. WERING	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU	e. CARDIOPULN DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in	RREST): n the underlyin 26. P	g cause given in	Part I. 24a. WAS AP PERFO 1 YES :	AUTOPSY RMED?	24b. WERING	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	e. CARDIOPULN DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in	OTHER:	g csuse given in	Part I. 24a. WAS APPERFO 1 YES :	AUTOPSY RMED? 2 \(\text{NO}\)	24b. WERING AWAL COMMON OF D	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	e. CARDIOPULN DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in	OTHER: 4 ON Nursing Hone	g cause given in	Part I. 24a. WAS AP PERFO 1 YES :	AUTOPSY RMED? 2 \(\text{NO}\)	24b. WERING AWAL COMMON OF D	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH?
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CARDIOPULN DUE TO (OR AS A D. MENINGSTIM DUE TO (OR AS A DUE T	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in	OTHER: 4 Nursing Hone SOF Marsing Hone Marsh Mar	g csuse given in LACE OF DEATH (C) na 6 Residenca JURY AT YES 2 NO	Part I. 24a. WAS AN PERFO 1 TYES:	I AUTOPSY RMED? 2 NO	24b. WERRED	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq NO
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be	e. CARDIOPULA DUE TO (OR AS A	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in attent 3 DOA 28b. TIME	OTHER: 4 Nursing Hone SOF Marsing Hone Marsh Mar	g csuse given in LACE OF DEATH (C) na 6 Residenca JURY AT YES 2 NO	Part I. 24a. WAS APPERFO 1 YES :	A AUTOPSY RMED? 2 NO	24b. WERRED	Approximate interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq NO
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	Example to the contributing to death but to contributing to contributing to death but to contributing t	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in attent 3 DOA 28b. TIME	OTHER: 4 Nursing Hone SOF Marsing Hone Marsh Mar	g csuse given in LACE OF DEATH (C) na 6 Residenca JURY AT YES 2 NO	Part I. 24a. WAS AN PERFO 1 YES:	A AUTOPSY RMED? 2 NO	24b. WERRED	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq NO
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 X CERTIFYING PMYSI	Example to the contributing to death but to contributing to contributing to death but to contributing t	MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in atlant 3 DOA 26b. Time inju	OTHER: 4 Nursing Hone FOR August 1 1 1 1 1 1 1 1 1 1	g csuse given in LACE OF DEATH (C) na 6 Residence JURY AT JRK7 YES 2 NO	Part I. 24a. WAS AN PERFO 1 YES :	AUTOPSY RMED? 2 \(\text{INJURY OCCUR} \) and Number or \(\text{INJURY occur} \)	24b. WERI AWAIL COMMON OF D	Approximate Interval Between Onset and Death Onset and Death E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq NO
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CAUSE (Check only)	e. CARDIOPULN DUE TO (OR AS A DUE TO (MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in attent 3 DOA 26b. Time inul. At home, farm, at	CREST CR	g cause given in LACE OF DEATH (C) The 6 Residence JURY AT JUR	Part I. 24a, WAS AN PERFO 1 YES: Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele	NAUTOPSY RMED? 2 NO INJURY OCCUR	24b. WERI AMAIL COMMON OF D 1	Approximate interval Between Onset and Death Onset and Death E Autopsy Findings Able Prior to Pletron of Cause Earth? Yes 2 NO
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending investigation investigation investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	e. CARDIOPULA DUE TO (OR AS A DUE TO (MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in attent 3 DOA 26b. Time inul. At home, farm, at	CREST CR	g csuse given in LACE OF DEATH (C) na 6 Residence JURY AT JRK7 YES 2 NO	Part I. 24a. WAS AN PERFO 1 YES: Octoor (Specify) 28d. OESCRIBE HOW 261. LOCATION (Street City or Yown, State to the cause(a) and map time, data and place, as	I AUTOPSY RMED? 2 NO INJURY OCCUR and Number or)	24b. WERI AMAIL COMMON OF D 1 □	Approximate interval Between Onset and Death Onset and Death
shock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent condition PNEU 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CAUSE (Check only)	e. CARDIOPULA DUE TO (OR AS A DUE TO (MONARY AR CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) ut not resulting in attent 3 DOA 26b. Time inul. At home, farm, at	CREST CR	g cause given in LACE OF DEATH (C) The 6 Residence JURY AT JUR	Part I. 24a. WAS AN PERFO 1 YES: Octoor (Specify) 28d. OESCRIBE HOW 261. LOCATION (Street City or Yown, State to the cause(a) and map time, data and place, as	NAUTOPSY RMED? 2 NO INJURY OCCUR	24b. WERI AMAIL COMMON OF D 1 □	Approximate interval Between Onset and Death Onset and Death

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G B M C 6701

6701

N

CHARLES ST

RAI TIMORE

CDE45 D0

"Nerthern T. C.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I OF DEATH		GIENE G. NO.					
1. DECEDENT'S NAME (First, Middle, Last) Robe	rt	R.	Le:	ith	2. DATE OF DI	-90	YEAR	3. TIME OF DEATH 12:15AM			
	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YE		7. DATE OF BI (Month, Day, Sept	Year) 1966	Coun	NPLACE (State or Foreign try)			
9a. FACILITY NAME (If not institution, give stre	set and number)			VN OR LOCATION OF DE		9c. CO	UNTY OF	DEATH			
Prince Georges Ge	neral Hospi	tal	(Cheverly		Pri	nce	Georges Co.			
10e. STATE 10b. COUNTY VA Fai:	rfax		y, town on Lo Springs					10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER	1100) P1 1116.	10f. ZIP CODE		10g. Cr		1 YES 2 NO			
5817-D Rexford				2215		U.S.A.					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye of yea, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:					a or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of v life. Do NOT us	Ba. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)								
12 Carpenter Construction 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
Robert M. Leith					ian Sta						
19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
Parents- Mr & MR	20	N PLACE OF DISPOS	SITION /Name (f cometeny crametony or		20c. LOCATION -					
1 Table 2 Cremation 3 Remo		Mt.	Comfor	t Cemetery	<i>r</i>	Alex.					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVERLY—Wheatley Funeral Home 1500 W. Braddock Rd. Alex. VA 22302											
23. PART I. Enter the disease, or co	omplications that cause	d the death. Do r						Approximate			
ehock, or heert feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Cervical fracture and cranio-cerebral injury oue to (or as a consequence of):								interval Between Onset and Dast			
Sequantielly liet conditione, if eny, leeding to immediata cause, Enter UNDERLYING											
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):								
PART II. Other significant conditions	contributing to death	but not resulting	PEF			PERFORMEO? CO YES 2 NO OF		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? XXXX ES 2 \(\bigcap \) NO			
		·									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Instinct 3 DOA	OTHER:	6. PLACE OF OEATH (Ch Nome 5 ☐ Residence		- Office)					
27. MANNER OF DEATH	28a, DATE OF INJURY	28b, TIN	-	: INJURY AT WORK?	28d. DESCRIE	E HOW INJURY O					
1 Natural 5 Pending Accident Investigation	(Month, Day, Year) 4-24-90		M 1	☐ YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				uto impact			
3 Suicide 6 Could not be 4 Homicide determined	elde determined Road						I-95° N. of Rte 202, Prince				
Continue Continue											
290 SIGNATURE AND TITLE OF CENTIFIER	290 SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUMBER			26–90 (Month, Day, Year)			
James Kaplan, M.		EATH (ITEM 27) (Type		1 Penn Sti	reet,Ba	ltimore	,MD	21201			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ander .									

ž.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	L LOYD					2. DATE MONTH MAY		1990	YEAR	. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 217-14-1174 A	5. SEX 6. AGE	(In yrs. lest birthday) 83 yrs.		DAYS HOU		7. DATE ((Month)	OF BIRTH I, Day, Year) 281907	7	BIRTHPL Country)	ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, given GREATER BALTIMOR RESIDENCE OF DECEMENT		ITER		DWSON	CATION OF DE	EATH		BALT	I MOR	
DIRECTOR	10e. STATE 10b. COUR	altimore	10c. CIT	TOWN OR					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	800 Southerly	y Road			10f. ZIP	21204			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
B≺	11. MARITAL STATUS 1 Never Married 2XX Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ☐ YES IF YES, GIVE WAR OR	2 📉 NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					14. RACE — American Indian, Black, White, etc. Specify: White		White, etc.
LETED											
COMPLETED	10 17. FATNER'S NAME (First, Middle, Last) Edwin T. Lloy	Tellers	Dept		MOTNER'S NA	ME (First, A	First 1		nal		
TO BE	19s. INFORMANT'S NAME (Type/Print) Edith H. Lloyd	NFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or								ode)	
	20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	ob. PLACE OF DISPO other place) VOOdLawn	STION (Name of cemetery, cremetory or Cemetery 5-7-90 Woodlawn, Maryland								
	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Out to (oh as a consequence or):								Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if smy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying caus							24s. WAS AN PERFORI	MED?	CO	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 M9
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAC:	utpatlant 3 DOA	OTHER:		OF DEATN (Ch					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		ME OF JURY	28c. INJURY WORK?		28d. DE	SCRIBE NOW IN	UURY OCCU	RED	
TED BY	3 Suicide S Could not	building, atc. (Specify)								r Rural Rou	ute Number,
COMPLETED	one)	IYSICIAN: To the best of my kno									and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	MD			290	LICENSE NUI	MBER	2_	29d. DATE :	SIGNED (A	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON R. HABERSA	WNO COMPLETED CAUSE OF E	DEATN (ITEM 27) (Typ	e, Print)	MEC	- C	8,	PAR	KTON	J, M	1 21120
31. 0 11. AYO Conth. 0 1990 Jul 32 DESIGNATION SALES											

ä

.

.

SALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the retained to a stending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

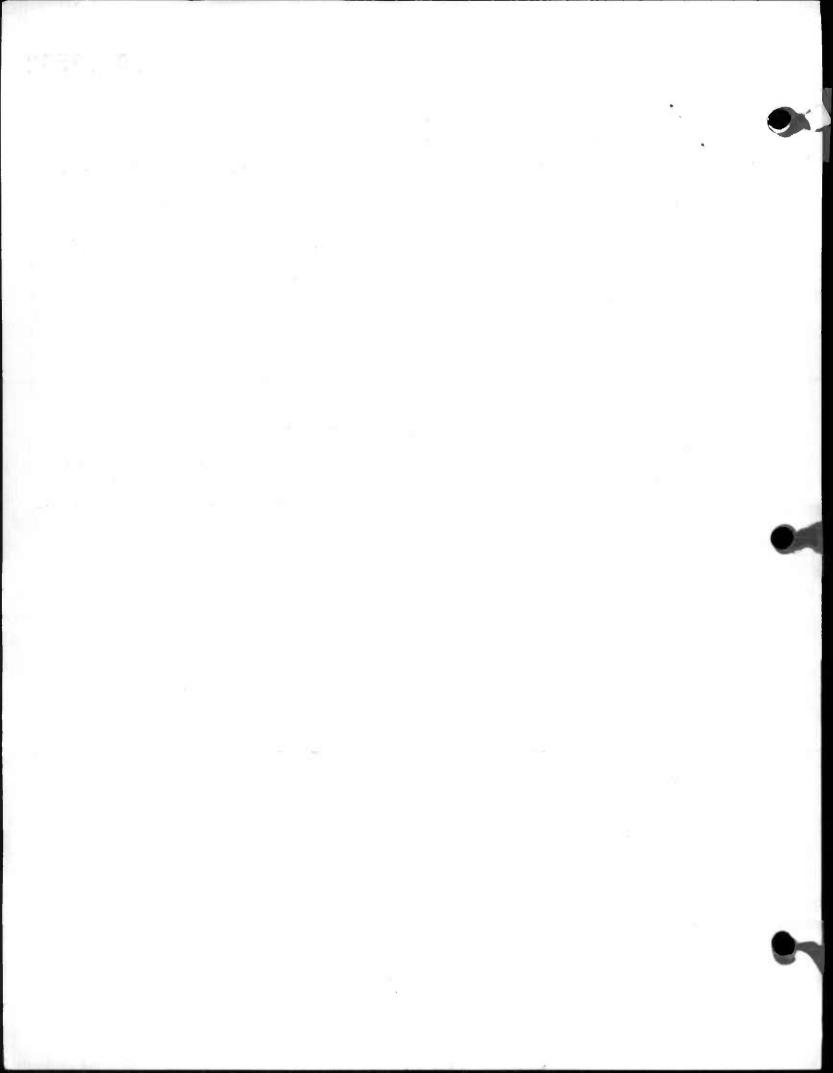
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CEH	TIFIC	ATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Erma Lee	e MArti	n				2. DATE OF D MONTH 5		YEAR	3. TIME OF DEATH 1:45p M	
	4. SOCIAL SECURITY NUMBER 214-22-0228	5. SEX 6. A	GE (In yrs. last bir 77		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day Jan 6	, 1913	s. BIRTI Çoun We	HPLACE (State or Foreign fry) StVirginia	
OR	90. FACILITY NAME (If not institution, give s 305 Lorraine Ave			9	ESS	OR LOCATION OF DE			Balti	OEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		1	Dc. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
		Baltimore				sex				1 TYES 2 NO	
FUNERAL	305 Lorraine Av	ve.			10	or, ZIP CODE 2122.	1	10	og. CITIZEN OF US	what country? A	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	2 NO It yes, specify Cuban, Mexican, Puerto Ricen,							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					ESS/INDUSTRY		
COM	17. FATHER'S NAME (First, Middle, Lest) HOWARD Lee McCo		16. MOTHER'S NAME (First, Middle, Meidel Sarah Hanna					name)			
TO BE	190. INFORMANT'S NAME (Type/Print) Carol Knepshield				end Number or Rural in Road BA	Route Number, C	City or Town, S		222		
	20a, METHOD OF DISPOSITION 1	20b. PLACE OF	10 Portship Road BAltimoreMaryla: of DISPOSITION (Name of cemetery, cremetory or BAlt Water) Hill Cemetery								
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mari I a	Un.	22. NAME AND ACCRESS OF FACILITY ConnellyFuneralHome 300MAceAve. 2122.						. 21221	
NOIL										Approximate Interval Between Onset and Death	
EDICAL CERTIFICATION	any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST d										
	PART II. Other significant condition	ns contributing to dee	th but not res	uiting in	the underlyi	ng ceuse given in		PERFORME YES 2	D?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				-						
SICI	EXAMINER?	HOSPITAL:	Outpatient 3 🗆		THER:	me 5 Reeldence		ec/fv)			
Y PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJU (Month, Day, Ye		6b. TIME (OF 28c. II	JURY AT YORK?			URY OCCURED		
TED BY	2 Accident Investigation 3 Suicida 6 Could not be determined	28e. PLACE OF IN. building, etc.	URY — At home 'Specify)	, farm, str	eet, factory, off	Ice	28f. LOCATIO City or To	N (Street and wn, State)	Number or Rura	l Route Number,	
COMPLETED	one)	ICIAN: To the best of my I								(e) and manner es stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIE	le us				29c, LICENSE NU	MBER 434	21	9d. DATE SIGNE	8/90	
5	30. NAME AND ADDRESS OF PERSON WE Middlessy	HenAh C	inter	7) (Type, P	onni) 10 Ec	derh B	lud	Parl.	to mD	2/22/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	Gande St.								

	1				0
)	
-	D	K	7		
			,	١.	bearing.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
)		1. DECEDENT'S NAME (First, Middle, Last)	- Linck CR		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH A.
	4		5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
pluods		98. FACILITY NAME (If not institution, give stre	1 M 2 F YRS.	9b. CITY, TOWN OR LOCATION OF DE	MAY24, 1918 EATH 90. COI	MARYLAND UNITY OF DEATH
2, 3	CTOR	3110 PARKTO	owne ROAD	PARKVILL	BE	WTIMORE
Pages 1,	DIREC	10a. STATE 10b. COUNTY		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER	1161085	ARKVILLE 101. ZIP CODE	10g. CI	1 TYES 2 NO
- <u>F</u>	FUNERAL	310 PARKTOU	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENOENT OF HISPAI	IIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian,
ling physi the buria	BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexica 1 TYES 2 NO Specif		Black, White, etc. Specify:
r attendii use as t		15. DECEDENT'S EDUCA (Specify only highest grade o	ATION 16a. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/IN	IDUSTRY
spital or hed for	APLET	Elementery/Secondary (0-12)	College (1-4 or 5+) 5 YRS- EX.V	CE PRES.	SEKINE	CORP
be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	k linck	18. MOTHER'S NA	ME (First, Middle, Melden Surname)	
should should	TO BE	19s. INFORMANT'S NAME (Type/Print)	1100000	ADDRESS (Street and Number or Rural	The Company of the Co	E(p Code)
ay be re page 5	-	20s. METHOD OF DISPOSITION		AME HS H	BOVE 29c LOCATION -	– City or Town, Stata
age 6 ma director, p		1 Buriel 2 Cremation 3 Remod 4 Donation 5 Other (Specify)	MARKU	Tamal Oppo	RY PARK	rille, MO.
after death. Page 6 may be by the funeral director, page moval.	1	120 7	Snew	22. NAME AND ADDRESS OF FA	APIL OF [emories
SIT DE			emplications that caused the death. Do lat only one cause on each line.	not enter the mode of dying, suc	h as cardiac or reapiratory a	Approximate interval Between
24 .		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	respiratory	arrest		Onset and Death
executed within and completely to burial, cremat matic event,	_	Trouting in double,	DUE TO (VR AS A CONSEQUENCE O	NF):		10 001/4
be execut sician and c rior to buni traumatic	ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	PF:		14.00
ertificate be ing physician rgiene prior t	CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE O	OF):		year
end H	CER	resulting in death) LAST				
that the dealed by the att h and Menta	ICAL	PART II. Other significant conditions	contributing to death but not resulting	in the underlying cause given in	Part i. 24s. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires that een signed by of Health an shows any	MEDIC					OF DEATH? 1 YES 2 NO
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health inked, or item 23 shows an		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C)	eck only one)	
SICIAN: certifica t the Sta	HYSI	1 YES 2 NO 27, MANNER OF CEATH	1 Inpatient 2 ER/Outpatient 3 DOA 28s. DATE OF INJURY 26b. TII	4 □ Nursing Home 5 % Residence #E OF 28c, INJURY AT	6 Other (Specify) 28d. OE\$CRIBE HOW INJURY C	OCCUREO
DING PHYS After this death with s marked	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	N-SOCIETATION IN	M 1 YES 2 NO		0.10
TTEN TOR.	Ш	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, ractory, office	261. LOCATION (Street and Numb City or Town, State)	per or Hural Houte Number,
Z Z Z =	😤	anel	IAN: To the best of my knowledge, death occur t: On the besis of examination and/or investigati			
TO THE HOSPIT TO THE FUNER OF filed within The MANAGEMENT OF THE FUNER OF THE FUNER OF THE POSTANT.	Ü	296. SIGNATURE AND TITLE OF CERTIFIER	A	29c. LICENSE NU	MBER 29d. D.	ATE SIGNED (Month, Day, Year)
O THE O THE O THE O	BE	1 my one	Loman Ms	0323	1	(H) 1. 1740
HT OT HE FIRM	TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Typ		on Panay	Hall



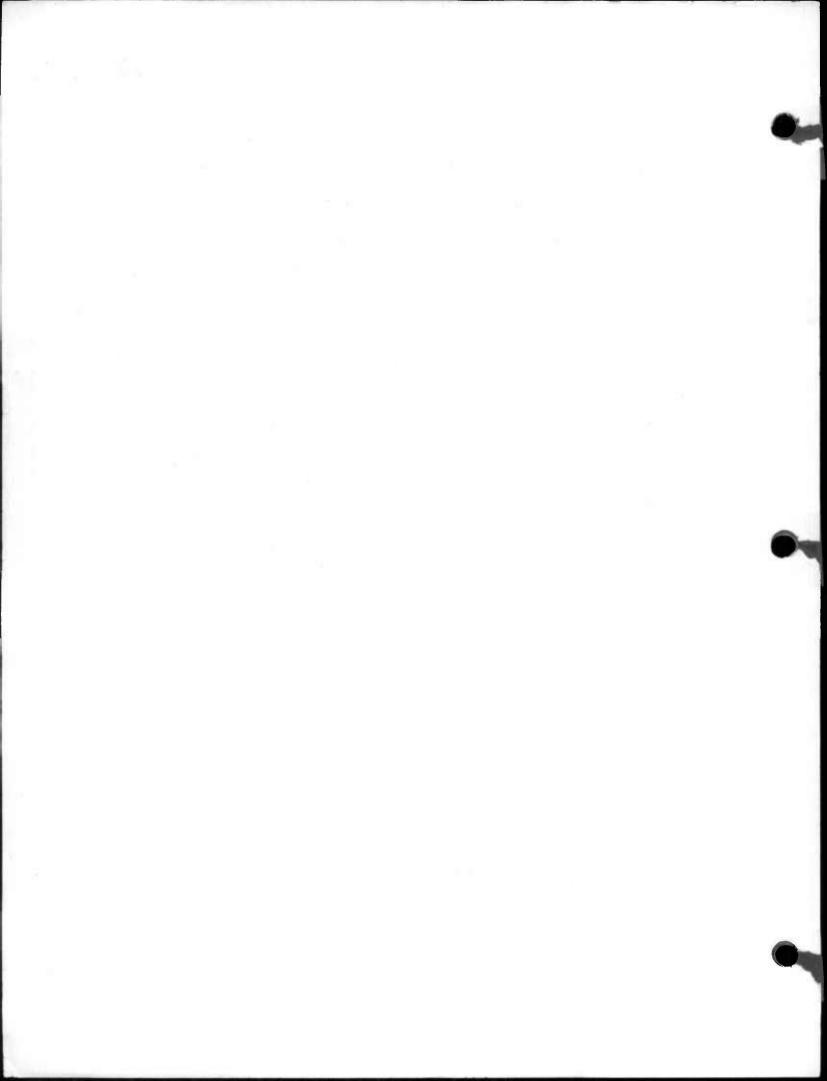
BALLIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	emoval.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

		FOR STATE REGISTRAR	STATE OF MARYL			TMENT			MEI	NTAL HYGIENE REG. NO.	E		
	!	1. DECEDENT'S NAME (First, Middle, Last) WTT.T.TAM		Med	CHLL	v				May 3, I	990 °	3. 1	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 136-36-1963	5. SEX 8. AGE (In yrs. lest t		IF UNDER 1		F UNDER 24 HRS	_	DATE OF BIRTH (Month, Day, Year)	.4	BIRTHPLA Country)	CE (State or Foreign PA
	OR	99. FACILITY NAME (If not institution, give str Franklin Square Horsespence of Decement						ocation of	DEATH		9c. COUNTY Ba		more
	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	y, town or M1C	LOCATION Id Le	Rive	er				I. INSIDE CITY LIMITS?
	FUNERAL	100 STREET AND NUMBER 106 Whistlest	op Road	101. ZIP CODE 21220					10g. CITIZEN OF WHAT COUNTRY?				
	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO		H:	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Black, WI Specify:	Americen Indian, hite, etc.
	COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Ghvi	e kind of v Do NOT us	usual occ work done du ne retired.)	ring most o			16b. KIND OF BUS	INESS/INDUS		
at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) William McCu	11y				1		name (First, Middle, Maiden	_{Surmerne)} 'nsend	3	
e notified	TO B	190. INFORMANT'S NAME (Type/Print) Charles E.Rim	by							Number, City or Town			sey08034
r must b		20s. METHOD OF DISPOSITION 1	oval from State	other plac	(9)	rema	tor	y Inc		E	Baltin		MArylan
examine		21. SIGNATURE OF FUNERAL SERVICE LIC	insee	los	nl.			ADDRESS OF LYFU			00MA	ceAv	e.21221
he medica		shock, or head/fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition AORTIC STENOSIS										Approximate Interval Between Onset and Death	
vent,		resulting In death)	DUE TO (OR AS	A CONSEC	UENCE O	F):							
aumatic e	ATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):											
injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST d.											
injury,	AL C	PART II. Other significent condition	s contributing to death i	out not re	eulting	In the unc	lerlying o	euse given	In Par	rt I. 24s. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
shows any	MEDIC									_ *(7) YES 2	NO	OF	MPLETION OF CAUSE DEATH?
ន	SICIAN	25. WAS CASE REFERRED TO MEDICAL					25. PLAC	CE OF DEATH	(Check	only one)			
or item	YSIC	EXAMINER? ₩∰ YES 2 □ NO	HOSPITAL: 1 - Inputient 2 - ER/Out	patient 3			ng Home		-	Other (Specify)			
marked,	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)			JURY M			26	d, oeşcribe how i	NJURY OCCU	REO	
28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At hon	ne, term,	atreet, facto	ry, office		26	St. LOCATION (Street City or Town, State)		Rural Rout	e Number,
29e. CERTIFIER (Check only) CERTIFIEN 1 CERTIFINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.										nd manner as stated.			
IMPORTANT:	TO BE	299 AIGSATURIE AND ATLE OF CERTIFIES					- 1	OCM		R	.	4-90	onth, Day, Year)
	-	JAMES KAPLAN M D	111 Penn St	reet			re.M	arvla	nd.2	21201			
		MAY 8 1990 A	32. REGISTRAR'S SIGNAL Javidson-Ad	NATURE									

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hosp

31. DATE BLAD MACHIN, Day, 1999

	1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	ICATE OF	DEATH	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Lest) RAYMOND RAYMOND NILISURN	MILBUR	N	2. OATE OF OEATN	909	3. TIME OF CEATN				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	6. E	HRTHPLACE (State or Foreign country)				
	212-03-60291 AM 2 OF 75 YRS.	MONTHS DAYS	HOURS MIN.	JAN. 23,						
œ	9s. FACILITY NAME (If not institution, give street and number)	0 -1-	OR LOCATION OF DE	7.7	9c. COUNTY	OF DEATN				
ᅙ	CHURCH HOSPITAL	<u>B</u> .	ALTIMOR	E						
DIRECTOR	10a. STATE MD 10b. COUNTY 10c. CIT	PALT	IMORE		10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO					
FUNERAL	104. STREET AND NUMBER 3407 JUNEWAY	10	21213		OF WHAT COUNTRY?					
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) NA NA 16a. DECEDENT'S (Give kind of life. Do NOT u life. Do NOT u EXPER	s USUAL OCCUPATE work done during me use retired.)	est of working	166. KIND OF BUS		RY IETTA				
MO	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NA	ME (First, Middle, Malden	Surname)					
BE C			GERT	RUDE REDM	IAN					
6	198. INFORMANT S NAME (Typorting)			Coute Number, City or Town						
	20s. METNOD OF DISPOSITION XXBurtal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF OISPO	DGE MEN	netery, cremetory or IORIAL	PARK BA	LTIMC	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	ND ADDRESS OF FA		MFC	TNC				
	Brian Dotos	3331	BREHMS	LANE, BA	LTO.,	MD. 21213				
	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ARRE	ST			Approximate Interval Between Onset and Death				
_	MYDCARDIA	AL IN	FARLI	100)						
CERTIFICATION	a. OUE TO (OR AS A CONSEQUENCE OF): MXXXX CARDIAC ARREST OUE TO (OR AS A CONSEQUENCE OF): MYDCARDIAL INFARCIION DUE TO (OR AS A CONSEQUENCE OF): H any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ADULT KESP DISTRESS SYNDROME									
RTIFIC	c. Oue to (or as a consequence of the control of th		LUNG CA	NCED						
		in the underlyin			ALITOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL				PERFOR	MED?	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
ÿ										
IC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	LACE OF DEATN (Ch							
HYS	1	ME OF 26c. IN	JURY AT	6 ☐ Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCUR	ED				
ВУ Р			YES 2 NO							
		street, factory, offic	:0	281. LOCATION (Street e City or Town, State)	and Number or I	iural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation					ruse(e) end menner ee stated.				
			29c. LICENSE NUI	MBER C	29d. DATE St	GNED (Month, Day, Year)				
TO BE	Lesson my M L BIG	JPURIA	MD 18	275	> 5	17/90				
-	MIL. BIJPURJA M. D. MATUL		A CHIIRC	H HOSPIT	ΔT.					
	31. DATE MAD MOON, Day, 1990 July Davidson Kinds		CHURL	IL III ISPIT	<u></u>					



LTIMORE, MANIET LAND attending physician.

uneral director, page 5 should be detached for use as the burial-transt permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL BECORDS DO BOX 13146

DALLIMONE, MANILAND	irs after death. Page 6 may be retained by the hos	in by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ins after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF N		/ DEPAR					MEN	TAL HYGIEN	_	71	12566
1	1. DECEDENT'S NAME (First, I	M	larsh		<u>JEITTII</u>	IOAII		DLA		MC	ATE OF DEATH DATE OF DEATH DATE		YEAR	3. TIME OF DEATH 4:44 p M
	4. SOCIAL SECURITY NUMBER 217-34-46	573	5. SEX	6. AGE (in yrs.	50 YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	Se	Sept. 3, 1939		6. BIRTHPLACE (State or Foreign Country) PA	
TOR	Franklin	Squa	2011	oet end number) See Hospital Rossvi								timor		
DIRECTOR		10b. COUNTY	Altimor	е	10c. CI	TY, TOWN		SSE	x					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 22 Walker	n Ro	ad		•		10	, ZIP COI	DE 212:	21		10g. CIT	USA	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X B 3 Widowed 4 Divor	ARMED	13.	If yes, sp	ecify Cub		en, Pua	IIGIN? (Specify Yearto Rican, etc.)	or No-		- American Indian, White, etc.			
COMPLETED		DENT'S EDUI highest grade			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						Balto.		DUSTRY	olSystem
E COM	17. FATHER'S NAME (First, Mic Willard I		Barre								ourdy	Surname)		
TO BE	190. INFORMANT'S NAME (THE Frederic)	pe/Print)						nd Numb	er or Rural	Route I	Number, City or Tow			1221
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 4 Donation 6 Other (ON n 3 □ Rem		othe	CE OF DISPO	Hil]	L Ce	met	ery		BA		City or Ton	,
	21. SIGNATURE OF FUNERAL	SERVICE LIC	Fund	al H	lome	,			Fun			300M	AceA	ve.21221
CERTIFICATION	23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Findlesse or condition resulting in death) Sequentially list condition if eny, leeding to immediate. Enter UNDERLYII CAUSE (Disease or injuriation)	ons, liata	. Maligna Due to Larcino	nt Tra	cheo- eseouence Esoph	Esop on: ogus	hoge	al_F	istu		cardiac or resp	Iratory a	rest,	Approximate interval Between Onset end Peath
CERTIFI	that initiated events resulting in deeth) LAST		d.	OR AS A CON	ISEOUENCE (OF):								
: MEDICAL	_ Chronic O						indariyin	g cause	given i	n Part	i. 24a. WAS AF PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	☐ ER/Outpatien	rt 3 🗆 DOA	OTHE 4 DN	R:		DEATH (C		Other (Specify)			
ву РНУ		Pending avestigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. Ti	_	28c. IN	JURY AT DRK? YES 2		_	DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 8 (Could not be determined	28e. PLACE building	OF INJURY — A , etc. (Specify)	t home, ferm	, streel, fa	ctory, offi	ce		281.	LOCATION (Street City or Town, State		er or Rural F	Route Number,
COMPLETED	CONSTRUCTION OF THE PARTY		ICIAN: To the best of											end menner as stated.
TO BE C	29b. SIGNATURE AND TITLE	11.	Corr	ng	ten	//	Z. my	29c, L	808	UMBER		29d. DA	TE SIGNED	(Month, Day, Year)
	Alfred Cov	inator	MD. 90		nklin		are	Driv	e Ba	lti	more, M	d. 2	1237	
	MAY 8 199	1 di	la Veridin	-Aandet										

DHMH-18 Rev 1/89

OAM

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5/2/90 3. TIME OF DEATH 5. 7												
	FLORENCE-	MAXWE	LL- .	Flore	ence A	. Ma	axwe]	11		MONTH 5/2/0	90	YEAR	5 A
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTN		8. BIRTNI	PLACE (State or Foreign
	213-34-17	45	1 ☐ M 2💢 F	7	8 YRS.	MONTHS	DAYS	HOURS	MIN.	6/27/11	1	Godini	Pa.
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH	9c. COUR	NTY OF DE	EATN
e e	CHURCH HO		L CORPO	RATIO	N	BA	LTI	MORE	E CI	TY		N/A	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	v		100 0	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
E	MD.	N.	,		100			CIT	υV			- 1	LIMITS?
	10e. STREET AND NUMBER	1/1	B		DAI	1 T T I		1. ZIP COO			10a CITI	ZEN OF W	
RA	27 VISTA	Raltimo	ro M	d	1.0	212			U. S. A.				
FUNERAL	11. MARITAL STATUS	U.S. ARMED 13, WAS DECEMDENT OF HISPANIC ORIG			IIC ORIGIN? (Specify Yes	-	14 BACE	- American Indian					
	1 Never Merried 2	NO		If yes, sp		en, Mexice	n, Puerto Ricen, etc.)		Black	, White, atc.			
B	3 Wildowed 4 Divo	rced		MAR OR DATES	N/A				ороску	N/A		Ореси	White
COMPLETED		EDENT'S EDU		16a.	DECEDENT'S	work done	during m	ON ost of worki	Ing	16b. KIND OF BU	SINESS/IND	USTRY	
9	Elementary/Secondary (C	1-12)	College (1-4 or 5	+)	life. Do NOT	use retired.)			Depart	ment	Stor	20
₹	N/A		N/A		Cler	<u>k </u>		_				5001	
	17. FATNER'S NAME (First, M		oolsonhom	207.5						ME (First, Middle, Maiden erine Hown		**	
H	19e. INFORMANT'S NAME (1		ockenber	ry	404 88 841 184	0.400000	00 (0)4			Route Number, City or Tow			
2	Mrs. Verna		n Rentle	3.5						imore, Md.			
					CE OF DISPO						CATION —		wn State
1	20a, METHOD OF DISPOSIT 1 2 Burlei 2 Cremetic 4 Donetion 5 Other	On 3 Rem	ioval from State	othe	lly Hi	,		**	matory or			,	., Md.
	21, SIGNATURE OF FUNERA		CENSEE		3		NAME A	ND ADDRE	SS OF FA	CILITY			,
1	D 0 m		1							erick Ave.			
	G. Trun	nan Sc		et caused the	death Do	not ente				, Md. 2122		net .	Approximate
		eart failure.	Liet only one ca	use on eech	ine. M	YOCA	ARDI	AL I	INFA	RCTION			Interval Between Onset and Daeth
	diseese or condition resulting in desth)	→	a. My	OCAN	D71	n	10	m	cn	02			
			DUETO	YOR AS A CON	A A	0F); F	RESP	SPIRATORY FAILURE					
S	Sequentielly list condit		V	O (OR AS A CON		_	/_	11	3/0	<i>)</i> 700			
CERTIFICATION	If sny, lasding to imme ceuse. Enter UNDERLY	ING				/-							
Ē	CAUSE (Disease or injuthat initiated events	ary)	OUE TO	OR AS A CON	SEQUENCE	OF):	-						
1 1	resulting in death) LAS	T	d										
	PART II. Other significa	ant condition	ns contributing to	death but n	ot resulting	in the u	undarlvir	na ceuse	alven in	Part I. 24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL										PERFO			AWAILABLE PRIOR TO COMPLETION OF CAUSE
0										1 TYES	2 NO		OF DEATH? 1 YES 2 NO
-										_			I TES 2 NO
A N	25. WAS CASE REFERRED T	O MEOICAL					26. F	LACE OF	DEATN (Ch	eck only one)			
Sic	EXAMINER?		HOSPITAL: 1 inpatient 2	☐ ER/Outpation	R 3 🗆 DOA	OTHE		me 5 🗆 F	Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26e. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF	28c, IN	JURY AT ORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
Β¥Ι	1 Natural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	□ ND				
	3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — A , etc. (Specify)	t home, farm	, street, fa	ictory, offi	ce		26t. LOCATION (Street City or Town, State		r or Rural F	Route Number,
E													
COMPLETED	000									to the cause(e) end me			
9	2 MED			examination end	J/or investigat	lion, in my	opinion,	death occi	ured at the	time, data end place, a	nd dua to ti	ne ceuse(e	e) end manner ee stated.
BE	296 SIGNATURE AND TITLE	OF CERTIFIE	X 10. a	21/1	9			29c. LIC	CENSE NU	MBER	29d. DAT	E SIGNED	(Month, Dey, Year)
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CAL	USE OF OFATH	(ITEM 27) /3-	ne Print		<u></u>		***** T) N T	1 7	MD	21231
	DR. IREN	E IBA	RRA. M.	D.		1	.00N	· BI	KUAD HURC	WAY BAL	'AL C	MB. OR P	aration
	31. DATE FILED (Month, Day,	Year)	ful David	AR'S SCHAU	SE								
	MAY 8 1	990	July Davids	Dr. Il.	7-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

atten	Se as		
10	in Jo		
spita	ped		,
e ho	letac		nce
by th	8		at
peu	pno		Fled
retai	5 sh		noti
y be	oage		pe
9 ша	tor.		nust
age	direc		D TO
H.	leral		듵
dea	e fu	ei.	exa
afte	D (1)	MOV	Ical
SULS	E P	9	med
22	- Filler	00°	the
ithin	etely	еша	mt,
M pa	ф	a .	2
xecul	gue	Dad.	atte
De e	cian	0, 10	aum
cate	physi	ы рп	10
certif	Bug	ygier	하
the	attend	Tal H	y, 00
he d	the	Me	ulu
that t	d by	and	my I
ires t	signe	lealth	WS 3
regu	een :	6	sho
AMP.	as p	Dept	23
The	ale !	tate	Tem
CIAN	ertific	the S	0
HYSI	his c	WITH	ked,
NG P	fler t	ath	mar
ENDI	R. A	ler de	8
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death, Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
10	HO J	Pour	Her
PITA	ERAI	17 U	T. H
HOS	FUN	with	TTAN
王	표	filed	20
2	2	2	3

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Linst) ROYLE A.	MARR				2. DATE O MONTH May	E DEATH DA	1990 [*]	3. TIME OF OEATH	A M
4. SOCIAL SECURITY NUMBER 579–18–0136			F UNDER 1 YEA		7. DATE OF (Month, May	F BIRTH One, Year)	8.	BIRTHPLACE (Stote or For Country) Rhode Island	
9e. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOW	N OR LOCATION OF DE			9c. COUNTY		\neg
Mercy Medical (RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland	Center		Bal	ltimore					_
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY	
		Bal	timore	101, ZIP CODE	1 [X YES 2 ☐ NO				
1190 West North	ern Parkway	Apt.609		21210				S.A.	
106. STREET AND NUMBER 1190 West Northern Parkway Apt. 609 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 107. ZIP CODE 21210 11. WAS DECEDENT EVER IN U.S. ARMED If Yes, SPECIFY Cuben, Maxicen, Puerto Ricen, etc.) 1 Yes, SPECIFY Cuben, Maxicen, Puerto Ricen, etc.)								Black, White, etc. Specify: White	n,
15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 12 Yrs. 17. FATHER'S NAME (First, Middle, Last)	CATION completed)	16e. DECEDENT'S US	SUAL OCCUP	ATION most of working	16b. I	KIND OF BUS	INESS/INDUS	TRY	
l2 yrs.	College (1-4 or 5+)	Business			Co	ntine	ntal T	ile Company	y
17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S NA					
Thomas	Marr			Anna			Thoma	IS	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Stre	eet end Number or Rural	Route Numbe	r, City or Town	n, State, Zip Co	ode)	
Julia A. Marr		Same	as #10)					
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	TION (Name of	cemetery, crematory or		20c. LO	CATION — City	y or Town, State	
1 Suriel 2 Cremation 3 Remo	D D	ulaney Va	lley (Cemetery 5	/4/90	Tim	onium.	Md. 21093	
21. SIGNATURE OF PUNERAL SERVICE LIC	DATE /	/	22. NAMI	E AND ADDRESS OF FA	CILITY			1050 Yorl	k Ro
1 /2//	/ //		Duel	. Tourson F		1 U.m	. T	. Towson, Mo	ا ۸ ا
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF:	disco	nefarcte	in				
CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):							
PART II. Other aignificant condition	a contributing to death	but not resulting in	the underl	ying cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1	ro
-					_	1 TYES 2	NO	COMPLETION OF CO	AUSE
-					_			1 YES 2 1	гб
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Т	OTHER:	B. PLACE OF DEATH (CA	heck only one)			
1 YES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA	t 🗌 Nursing	Home 5 - Residence					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		RY	INJURY AT WORK? YES 2 NO	28d. DE\$0	CRIBE HOW I	NJURY OCCUI	RED	
3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF INJUF building, etc. (Sp	tY — At home, farm, str ecify)	reet, factory, (office	281. LOCA City o	TION (Street of Town, State)	and Number or	Rural Floute Number,	
(brison brill)	CIAN: To the best of my kno R: On the basic of examinati								ated.
29b. SIGNATURE AND TITLE OF CERTIFIER THAT THE STATE OF PERSON WHITE 30. NAME AND ADDRESS OF PERSON WHITE	nichter or	7		29c, LICENSE NU	MBER		29d. DATE S	SIGNED (Month, Day, Year)	
THEY NIME AND APPRESS OF PERSON WH	o completed cause of a			ice Balt	· mo	1. 2	1202	_	
31. DATE FILE MAY Des Year) 1990	32 REGISTRAR'S SIG	NATURG							

Pages 1, 2, 3 should

10e. STATE

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ACCOUNTAL

after death, Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 is	moval.	Ical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

MAY 8 1990

1990

90 12569 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5-8-1990 Mabel Norris 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 219-18-3293 1 | M 2 | F YRS 11-23 North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 164 E. Orange Ct. Baltimore Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 YES 2 W NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE 164 21234 U.S.A. E. Orange Ct. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yee or No. If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Merried Specify: White 1 YES 27 NO Specify: 3 🔀 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12th Waitress Restaurant 17. FATHER'S NAME (First, Middle, Last, 16. MOTHER'S NAME (First, Middle, Maiden Surname) William W. Nixon Annie B. Boyce 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Virginia L. Woolridge 164 E. Orange Ct. Balto., Md. 21234 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 1 De Buriel 2 Cremetion 3 🗆 Cedar Hill Cemetery Balto., Md. Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUHERAL SERVICE LICENSEE Hartley Miller Funeral Home 7527 Harford Rd. Balto.. 21234 21 PART I. Enter the diseases, or complications that caused the deeth. Do not antar tha mode of dying, such as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in desth) 9 mou OR AS A CONSEQUENCE OF Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 YES 2 NO

WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Check only one)									
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient 3	DOA 4 Nu	6 Other (Specify)								
MANNER OF OEATH Natural 6 Pending Naccident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCURED							
Suicide a Could not be determined	26s. PLACE OF INJURY — At hor building, atc. (Specify)	me, ferm, street, fe	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my knowledge, de	ath occurred at the	time, date end place, end due	to the ceuse(s) and menner se stated.							

	on the basis of stanting	and an area in the angelion, in, in, o	privoti, detail december at the time, date and ple	oe, and day to the capacity and marries as stated.
96. SIGNATURE AND TITLE OF CERTIFIER	XI O	2 10.	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON

5601

REGISTRAR'S SIGNATURE

DHMH-18 Ray 1/89

.16.1 01

TO THE HOSPITAL DR ATTENDING PI TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death in IMPORTANT: If item 28 is mark DIVISION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	14
OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	4
3 PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.)
er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or femoval.	
arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)	W MODEL W. MICKIES MONTH DAY 5 1990					3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-24-2325	5. SEX 6. AGE (DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCt. 13, 192	27	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give stre University Hospital	et and number)	g	Baltimo	R LOCATION OF DE		9c. COUNTY City	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
Md.		Balt	imore				1 X YES 2 NO
100. STREET AND NUMBER 3505 Frankford Avenue				. ZIP COOE 21214		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 VES IF YES, GIVE WAS OR D	2 NO	If yes, spe		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina mo	ON st of working	18b. KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Office	,		General	Motors	
17. FATNER'S NAME (First, Middle, Lest) Carl Nickles				18. MOTHER'S NA Amelia	ME (First, Middle, Meiden Johnson	Surname)	
Gloria Nickles		3505 Fra	nkford A	venue Balt	noute Number, City or Townimore, Md. 21	214	
20e, METHOD OF DISPOSITION 1	/al from State (PLACE OF DISPOSITE OTHER MOUNT	May 7	, 1990	Ba	cation — chy iltimore	or Town, State, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	bury J. Gla	Shew		d J. Ruck	_{аиту} Inc 5305 Harf	ford Rd.	21214
23. PART I. Enter the diseases or or ahock, or heart failure. L iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	Metasta Due to (or as a	ach lina.	uemoi			10	Intarval Between
PART II. Other algnificent conditions	contributing to death t	out not resulting in	the underlyin	g ceuse given in	Pert I. 24s. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF GEATN (Ch	eck only one)		
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Out			ne 5 🗆 Residence	6 Other (Specify)	N HISY OCCUP	sen.
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WC	ORK? YES 2 NO	Lou, DESCRIBE NOW !		
3 Suicida 6 Could not be detarmined 6 Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,
Ann)	IAN: To the best of my known: On the basis of axemination						ause(a) and manner as ≋tated.
296. SIGNATURE AND TITLE OF CERTIFIER	eu MD			29c. LICENSE NU	MBER	29d. DATE 8	IGNED (Month, Day, Year)
120 S. Greene St., was a Caltimore, MT 21201							
31. DATE FILEN (AV) . 897. 1697) 1990	32 REGISTRAN'S SIGN	- fander				-	

.

	0
ó	within
3	Bracutad
<	2
0.00	cartificata
ŗ.	death
2	the
É	that
200	rachitrac
-	34
Z	and a
DIVISION OF VITAL RECORDS, P.O. BOA 13140	DITAL OD ATTENDANC DUVCICIAN: The law requires that the death certificate he executed within 2
NOISE	ATTENDING
\leq	00
	DITA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	10 IHE FUNEAL UMECINE: After this centificate his been signed by the attended with the State Dest. of Health and Mental Mydine prior to build, centation of the processor of the processor of the state of the processor of the pro
--	--

									90	123/1
	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI		OF HEALTH		NTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		· Vi				OATE OF OEATH	AY /	YEAR 3.	TIME OF DEATH
	Stella Ole	5767	ZUR				5 (0 9	0	Y
ll		\ \	AGE (In yrs. last birthday	MONTHS	DAYS HOURS		(Month, Day, Year)		Country)	ACE (State or Foreign
	213-01-0302 D	□ M 2 💢 F	100 YRS.				7/15/9	0		OLAND
OR	9a. FACILITY NAME (If not institution, give street and number) Manor Care Rossville				altin	ON OF CEATH		Ba Ba	TY OF DEAT	лн Э
[[RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY. TOWN								10	od. INSIDE CITY
DIRECTOR	mb	Balta	5	Bo	2/1-0					LIMITS? YES 2 NO
∤	10e. STREET AND NUMBER		-		101. ZIP CODE		_	10g. CITIZ	EN OF WHA	AT COUNTRY?
🖺	1356 ANDRE ST	REET			2:	1230		U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	tt .	VAS DECENDENT OF 1908, specify Cuber	n, Maxican, P	ORIGIN? (Specify Yearto Rican, etc.)	or No-	Black, V	American indian, White, etc.
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT	'S USUAL OC	CUPATION		18b, KIND OF BU	SINESS/IND	USTRY	
ETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind o	f work done d use retired.)	luring most of working	g				
[교]	2 nd	College (I 4 of 5 +)	ном	EM S KE	P		-			
COMPL	17. FATHER'S NAME (First, Middle, Last)		T HOIL	,,,,,,		IER'S NAME	(First, Middle, Maiden	Sumame)		
	JOSEPH BLOCK					IINK	NOWN			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS	(Street and Number		te Number, City or Tow	m, State, Zip	Code)	
유	HELEN ROSSBACH 1346 ANDRE S				DRE ST	. BAL	TO., MI	212	30	
	20a. METHOD OF DISPOSITION 1 Durini 2 Cremation 3 Remove	al from State	20b. PLACE OF OISP other place)	OSITION (Nat	ne of cemetery, cren	natory or	20c, LC	CATION —	City or Town	, Stata
	4 Donation 5 Other (Specify)	III Irom Statu	, ,	CROSS	CEMETI	ERY	BAI	TO.,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			NAME AND ADDRES			DIINIE	DAT	HOME THE
	Makerle	1 Doch		C 1	HARLES 501 E.	L. S fort	Ave. E	FUNE alto	., M	HOME, INC D 21230
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis			not enter	the mode of dy	ing, such a	s cardiac or reap	Iretory arm	est,	Approximate interval Batween
1 1	IMMEDIATE CAUSE (Fine)			1	400	2				Onset and Death
	disease or condition resulting in death)	Conge	STIVE 1	ten,	- pare	nre	•			
		OUE TO (OR	AS A CONSEQUENCE	OF):	50 5	track	from :			
S	immediate cause (Fine) disease or condition resulting in death) a. Congestive Heart Farlure oue to (op as a consequence of): Acute Myceardial infanction b. Due to (op as a consequence of): Due to (op as a consequence of):							-		
A T	If any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disesse or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):						1
ERTIFICATION	resulting in death) LAST									
빙	0.							1 2011	1	200 000 000000
Ä	PERFORMED?					WERE AUTOPSY FINDINGS				
MEDICAL	Havanced	sevale	- Devi	and	1000		_ 1 TYES	2 NO		OMPLETION OF CAUSE OF DEATH?
							-		1	YES 2 NO
PHYSICIAN:										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:										
₹	1 TYES 2 NO		VOutpetient 3 DO/		sing Noma 5 Re			IN HIRV OCC	YINEO.	
	1 Natural 5 Pending	288. DATE OF INJURY 28b. TIME OF INJURY AT WORK? (Month, Day, Year) M 1 YES 2 NO								
B	2 Accident investigation	28a, PLACE OF IN	IJURY — At home, ferr	n, street, fact			8f. LOCATION (Street	and Number	or Rural Box	ute Number
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, atc.	(Specify)	.,		"	City or Town, State)		
, LE	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my	knowledge, death occ	urred at the ti	lma, data and place	, and due to	the cause(a) and me	inner aa stat	ed.	
COMPL	(Check only one) 2 MEDICAL EXAMINER:									and menner as atlated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUMBE		29d. DAT		Month, Day, Year)
00	11 port of			M :11). 1	170	700	I N	45/ -	1/20.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (1710. Print)

OF Taylor

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Tandon-Translave

OHMH-18 Rev 1/89

Towson

	ł
	:
-	
9	
4	ľ
· (7)	
, P.O. BOX 13146,	
×	
\sim	
~	П
	1
7	
_	
n.	
EPA	
ທ	
<u> </u>	
=	
0	
\sim	
0	
Ш	
7	
- 1	
4	٦
_	
_	
_	
0	
_	
Z	
$\overline{}$	
DIVISION OF VITAL RECORDS,	
20	
9)	
-	
0	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should account of the detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	- 2
THE HOSPITAL OR A	THE FUNERAL DIRECTOR	MPORTANT: If Item

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDF**** (First, Middle, Last)	AAROI		PER	RY	2. DATE OF DEATH MONTH DA	9 C	AR 3. TIME OF DEATH
		1 0 M 2 🗆 F	in yrs. last birthday) 23 YRS.	FUNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) //- 23- 2	6	BIRTHPLACE (State or Foreign Country) Va.
TOR	90. FACILITY NAME (If not institution, give so IRVING FON KNO RESIDENCE OF DECEDENT		-NTER	BAHA	HORE	ATH	9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	Barermore						10d. INSIDE CITY IMITS? 1 YES 2 \(\square\) NO
VERAL	4500 Dunlan		101. ZIP CODE 21229			USA		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexico ES 200 NO Specify		or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
CCMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 3 rd Grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT U	work done during		J. De1		Roofing Co.
BE CCA		erry			M	ME (First, Middle, Meiden 1ary Mont	gomer	
2	190. INFORMANT'S NAME (Type/Print) Katie Perry		450	O Dunl	and Rd.,	Balto.,	Md.	21229
	20e. METHOD OF DISPOSITION 1 XI Burlel 2 Crembillon 3 Rem 4 Donatton 5 Arthur (Specify) 21. SIGNATURE OF AMERICAL SERVICE LIN	1	other place) West	ern St	ar Cem. AND ADDRESS OF FA	Cility	cation — chy atons \	/ille, Md.
	23. PART Letter the diseases, or	complications that caused List only one cause on e	d the death. Do	not enter the	rch F/H Ea 01 E. Nor node of dying, auc	th Ave.	iratory arrest	, Approximate
	IMMEDIATE CAUSE (Final disease or sondition reculting in deeth)	· Mel	CONSEQUENCE (tre	lung	(0-	on	Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE (OF):	_ 0			
MEDICAL	PART II. Other algnificant condition	a contributing to death b	out not reaulting	in the underly	Ing cause given in	Part i. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs	partient 3 DOA	QTHER:	PLACE OF DEATH (Ch			
ВУ РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year)							
COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Chork only Certify) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.							
	CHECK OTHY	ER: On the basis of examination				time, data end place, er	nd due to the c	1
TO BE	30. NAME AND ADDRESS OF PERSON WH	0 13-	EATH (ITEM 27) (Type	e, Print)	D 2 (680	Þ S	IGNED (Month, Day, Year)
	31. WHITLED (Month, Day, Year)	Park 32. REGISTRAR'S SIGN	Hen	- ylo	ts Br	ene	217	5.12,

North American

	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Hygiene prior to burial, cremation, or removal,	y other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL PLACE IN 1917.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED YNG SPD. Day, 1997) 1990

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		NTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Midd	R PA	IRKE	R		DATE OF DEATH	19			
	4. SOCIAL SECURITY NUMBER 235-28-50	9 80 1 m 2 0 F G	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. 6	MRTHPLACE (State or Foreign country)		
	9a. FACILITY NAME (If not institution	R LOCATION OF DEATH		9c. COUNTY	IEST VIRGINIA OF DEATH					
TOR	Good Samo	antan Hospital		Balt	unore;	mo				
DIRECTOR	10e. STATE 10b.	b. COUNTY	1117	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	MARYLAND B	BALTIMORE	I CA	RNEY	. ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
FUNERAL	2909 SECOND				21234			J.S.A.		
E	11. MARITAL STATUS 1 X Never Merried 2 Merri	12. WAS DECEDENT EVER IN E FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XX10	If yes, spe	ENDENT OF HISPANIC (selfy Cuban, Maxican, P			RACE — American Indian, Black, White, etc.		
) BY	3 Widowed 4 Divorced	1			2 X NO Specify:		12.1	Specify: WHITE		
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	hest grade completed)	(Give kind of we life. Do NOT use	ISUAL OCCUPATION ork done during monetired.)	on st of working	18b. KIND OF BU	SINESS/INDUST	RY		
MPL	10		SECRET	ARY				URING CO.		
	17. FATHER'S NAME (First, Middle, BENJAMIN PAR				18. MOTHER'S NAME	(First, Middle, Maiden ET BARNET	115-06			
TO BE	19a. INFORMANT'S NAME (Type/P		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rout			(e)		
۴	JUNE ATKINS	205	2909 PLACE OF DISPOSI		AVE. BALT		21234 CATION - City			
	1 Donation 5 Other (Spec	3 Ramoval from State	other place)		PARK 5/11/			VEST VIRGINIA		
	21. SIGNATURE OF FUNERAL SEI	Dennis (Capitano		ID ADDRESS OF FACILI	TY BALTI	MORE ME	21214		
	22 DADT I Enter the disease	sees or complications that arread	the death De a		ARD J.RUCK					
		ases, or complications that caused to tallure. List only one cause on each	th line.		, .			interval Batween		
	disease or condition resulting in death)	· Cerebro	nerscul	en a	indent Soullate					
-		DUE TO (OR AS A C	CONSEQUENCE OF	iel L	Inellate	in H	d acc			
TIO	Sequentially list conditions if any, landing to immediate): U		5	1			
FIC.	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A C):						
CERTIFICATION	resulting in death) LAST	d								
뒿	PART ii. Other algnificant c	conditions contributing to death but	t not resulting in	n tha underlyin	g cause given in Pa	rt i. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Yruccipe	e myeloma	Dan	10.		1 YES :	2 KNO	OF DEATH?		
	- Lypnos	t the	Jugar	,		-		1 TYES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Check					
≩	1 YES 2 YNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat 28a. DATE OF INJURY	28b. TIME	OF 28c. IN.		Other (Specify) Id. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Naturel 5 Pend 2 Accident Inves	estigation		M 1 🗆	PRK? YES 2 NO					
<u></u>	3 Suicide 6 Coul 4 Homicide data	uld not be armined 28e. PLACE OF INJURY - building, etc. (Specification)		treet, factory, offic	20	If. LOCATION (Street City or Town, State		Bural Floute Number,		
		/INC SHYSICIAN: To the heat of my knowle	dge, death occurre	d at the time, date	and place, and due to	The cause(a) and ma	nner as stated.			
PLET	Check only 1 CERTIFY	TING PHYSICIAN. TO the best of thy knowle								
COMPLET	(Check only one) 2 MEDICAL	L EXAMINER: On the basis of examination	204 DATE SIGNED (Month Co. Vest)							
TO BE COMPLET	(Check only 1 D CERTIFYII ONE) 2 D MEDICAL	L EXAMINER: On the basis of examination								

0.0351 00

BALTIMORE, MARYLAND 21203-3146	NG PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fined within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)	LIZABETH M.	PEROU	TKA	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	Elizabeth M. Per	-OUT KED			5 3		700 4m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT Cou	THPLACE (State or Foreign
	210 11 1120	8 YRS.	NTHS DAYS	HOURS MIN.	9-10-21	Man	ryland
~	Se. FACILITY NAME (If not institution, give street and number)	+-1 100	CITY, TOWN C	R LOCATION OF DE	1- N/A	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	I a l	100	Son,	14/01.	DAL	rimore
	10e. STATE 10b. COUNTY	10c, CITY, To	OWN OR LOCAT	ION			10d. INSIDE CITY
#	Maryland Baltimore	Tows	on				LIMITS?
ادِ	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1011 Kenilworth Dr.			21204		U.S.A.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVE				IC ORIGIN? (Specify Ye	e or No- 14. RA	CE — American Indian, ick, White, atc.
BYF	1 Never Merried 2 X Married IF YES, GIVE WAR OI			2 X NO Specify	n, Puerto Rican, etc.)	Spe	odfy:
							nite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo		18b. KIND OF BU	SINESS/INDUSTRY	
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+)				0 "		
ğ	17. FATHER'S NAME (First, Middle, Last)	Homemak	er	40 1407145010 1141	Own Hon ME (First, Middle, Maider		
	N. C. C. CONTROL OF MARKETS			111			
BE	Peter F. Streb	19h MAILING AD	DDESS (Street of		ret L. Moy		
임	Anthony J. Peroutka						
		20b. PLACE OF DISPOSITION			Towson, Mc	CATION — City or	Town State
	1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Garrison F				ings Mil	
	21. SIGNATURE OF FUNERIAL SERVICE A CENSEE	001110011		ND ADDRESS OF FAC		ingo min	.15, Ma.
	## 1=		Ruck	Towson Fu	uneral Hon	ne, Inc.	
_	Julyan				Towson, N		
	 PART i. Enter the diseases, or complications that cause of shock, or heart fellure. Liet only one cause of 		enter the mo	de of dying, auci	h aa cardiec or reep	piratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death
	resulting in death)	S A CONSEQUENCE OF:	91LUK	<u> </u>			3 WKS
_							3 615
CERTIFICATION	Sequentiony net conditione, DUF TO (OR A	S A CONSEQUENCE OF):	rony	PISINES	SSYNDI	EOMG	3 6185.
Ă	if any, leading to immediate cause. Enter UNDERLYING						
띹	CAUSE (Disease or injury that initiated events DUE TO (OR A	AS A CONSEQUENCE OF):					
F	resulting in death) LAST				•		
	BART II On a standing of the s					and the second second	
DICAL	PART II. Other significent conditions contributing to deet				PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	UPROBABLE LYMPHONA					2 NO	COMPLETION OF CAUSE OF DEATH?
뿔	DISCHET, LIVER, BONG	MARROW,	ETIC	UNDET	· /		1. TES 2 NO
ž	POSSIBLY SECUNDARY TO (); (3) PRO51	1825				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL!	,	26, P	LACE OF DEATH (Ch	eck only one)		
ΥS	1 YES 2 NO 1 Impatient 2 ER/			ne 6 🗆 Residence			
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. OATE OF INJU (Month, Day, Ye)	RY 28b. TIME O	Y WO	IURY AT ORK?	28d. DESCRIBE HOW		
BY	2 Accident Investigation 39 ACC OF INT	70 URY — At home, farm, stre-		YES 2 AND	281. LOCATION (Street	17.	HIP.
	building, etc. (Specify) OF ST. JOS			City or Town, State)	m riodia Norriosi,
<u> </u>	20° CERTIFIED				Towso		,
4	(Check only						
COMPLETED	MEDICAL EXAMINEN: On the basis of examin	etion end/or investigation, I	n my opinion, o	leath occured at the	time, date and place, a	and due to the caus	e(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTRIER			29c. LICENSE NUM	MBER	29d. DATE SIGN	ED (Month, Day, Year)
0		DIM. DEPT. C		21487	3	3/3	150
7	30 MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF						
/	JAMES W. ETTERN, JR.	md DEM	OF 1	PATH 5	T, JUSEAN	HOSP	TOWSUN MI)
	31, DATE FILED (MUNIC) DW(1997) 32. REGISTRAR'S S	Isan Bande Co		7		0.4	ut Sarah

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital on the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
ļ	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH
	JAMES M PARRIS 5-7-90 830A"
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 1. FUNDER 1 YEAR 1. FUNDER 24 HRS. 7. DATE OF BIRTH Country) 1. Month, Day, Vear) 1. Month, Day, Vear) 1. Vear 1. Month, Day, Vear) 1. Month, Day, Vear) 1. Country) 1. Co
	9e. FACILITY NAME (If not institution, give street and, nymber) , 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
œ	St Joseph HOSP, LAG TOWSON DALE, MORE
25	RESIDENCE OF DECEDENT
DIRECTOR	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. CITY LIMITS?
	106. STREET, AND NUMBER 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	10876 WORK RG 2/030 (1.SA
5	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, atc. 14. RACE — American Indian, Black, Whita, atc. 15. Was December 13. Was December 14. RACE — American Indian, Black, Whita, atc. 16. Was December 15. Was December 16. Was December 17. Was December 17. Was December 18. Was December 18. Was December 19. Was December 1
ВУ	1 Never Married 2 Married IF YES, GIVE WAR OR OATES 1 YES 250 NO Specify: Specify:
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +)
MP	976- ELICTRIC LOCAL#24
	17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) ORA O. DELSON
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
임	FAMILY RELORDS SAME AS ABOVE
	20e, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
	4 Donation 5 Other (Specify) DULANLY VALLEY [SM. (74R 1 inchium, 1 (0.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE EVANS CHAPLL OF CHITLES
	Trub Advano 1 2325 York ROAD - Timonium
	23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death
	disease or condition resulting in death) s. CARCINON ATO SIS
	BOTALIO C S NIC CARCINTMA
NO.	Sequentially list conditions, If any, leading to immediate
S	CAUSE (Disease or Injury C.
	that initiated events resulting in death) LAST
CERTIFICATION	4.
CAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED?
	TO THE 2 INO OF GEATH?
M	2) Chronic obstructive and
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
SIC	EXAMINER? 1 YES 1 10
PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED
BY	1 Neturel 5 Pending M 1 YES 2 NO 2 Accident Investigation
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State)
PLE	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.
NO.	One) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.
BE	29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Mar)
5	30. NAME AND JOURESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NIB. Print)
	31. DATE BILED (MODEL), DRY (MORE) A 32. REGISTRAR'S SIGNATURE.
	31. DATE BLED MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE MIAY 8 1990 And Davidson-Hands

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed virthin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	---	--

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL	HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF OEATH
	William	Dav	id	Rhi	ne	монтн 5	6	v ye 9(
				ONTHS DAYS	IF UNDER 24 HRS.	(Month.	OF BIRTH , Day, Year)	0	SIRTHPLACE (State or Foreign Country)
	220-08-4390 1 9a. FACILITY NAME (If not institution, give atrees	21	U YRS.		R LOCATION OF DE	Feb	.25,1	9 7 0	MARYLAND
œ						AIN		SC. COUNTY	OF DEATH
6	604 E. 35th St RESIDENCE OF DECEDENT	reet		Balt	imore				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			TOWN OR LOCATE					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER		B	ALTIMO	ZIP CODE			40. 00000000	XXYES 2 ☐ NO OF WHAT COUNTRY?
FUNERAL	604 E. 35th S	t.		1 000	21218				S. A.
3		2. WAS DECEOENT EVER IN	U.S. ARMED		ENDENT OF HISPAN			or No.— 14.	RACE American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuban, Maxica 2 NO Specify		tican, etc.)	1	Black, White, etc. Specify: WHITE
	15. DECEOENT'S EDUCAT	TION T	16a. DECEDENT'S U	PILL COCURATIO	A1	1405	KIND OF BUIL	INESS/INDUST	ma.
	(Specify only highest grade cor	mpleted) College (1-4 or 5+)		rk done during mos		180.	KIND OF BUS	SINESS/MUUS I	RY
COMPLETED		A	UNE	MPLOYE	D			- 4	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, N	fiddle, Maiden	Surname)	
BE	JAMES RHINE				VICKI	KO KO	ORS		
2	190. INFORMANT'S NAME (Type/Print) James Rhine (F	- 4. In 1			nd Number or Rural I				
	· ·					ват			. 21218
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	il from State	other place) D		VALLEY	Z		CATION — CITY ONIUM	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	D ADDRESS OF FA	CILITY			,
	· 11 7	MI.		3331	MUNEK E BREHMS	T.AI	KAL H NE B	OMES,	MD. 21213
	23. PART LEnter the disesses, or con	nplications that caused	the death. Do no						
	shock, or heert feilure. Lie iMMEDIATE CAUSE (Final	it only one ceuse on a	nch line.						Interval Between Onset and Daath
	APPENDED TO A STATE OF THE PARTY OF THE PART	Shotgun w	ound of h	nead					
	reading in dodding		CONSEQUENCE OF)						
NO	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE OF).						
AT	if eny, leading to immediate cause. Enter UNDERLYING	00E 10 (0R AS A	CONSEQUENCE OF	•					İ
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:					
CERTIFICATION	resulting in deeth) LAST								
	PART Ii. Other significant conditions of	contributing to death b	ut not regulting in	the underlying	ceuse given in	Part I.	24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 TYES 2	N NO	OF DEATH?
2						_	INSPEC	CTION	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOODITA I			ACE OF OEATH (Ch	eck only on	10)		
YSI	1 ▼ YES 2 □ NO 1	HOSPITAL:		OTHER: Nursing Hom	e 5 KReeldence	6 🗆 Othe	r (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	RK?	20d. DES	CRIBE HOW	NJURY OCCUR	EO
B	2 Accident Investigation	5/6/90 280. PLACE OF INJURY		A 1 1	~~		infl:		Rural Route Number,
	3 Suicide 6 Could not be 4 Homicide determined	home	illy)			City	or Town, State;		,Balto,MD
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurred	Lat the time, date	and place, and due				, parco, no
COMPLETED	ane)	THE PERSON NAMED IN							suse(a) and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER	4/1	200		29c. LICENSE NU	MBER		29d. DATE SI	GNED (Month, Day, Year)
0	Lake CV	word	1 £			OCME			5/6/90
5	39 NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print)			-		., ., .,
	Julia C. Goodin,	M.D Ass	istant		111 Penr	st.		Balt	co.MD.
į	MAY DOWN YOUNG	132, REGISTRAR'S SIGN	75 holese						

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MAI				HEALIN AND	IAIEIA	REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		YEAR 3	. TIME OF DEATH
	Elsie M. Ro	binson					ay 6		90	5:30 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (In yrs. last bir	thday) IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. 0	ATE OF BIRTH Honth, Day, Year)	1	BIRTHPL Country)	ACE (State or Foreign
- 1	235 56 3690 1 □ M 2 XX	78	YRS.	JAN 3	NOONS BIN.	Ma	ay 10, 1	911	West	Virginia
.	9a. FACILITY NAME (If not institution, give atreet and number)		9b.	CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	тн
DIRECTOR	North Arundel Hospital			G16	en Burni	e		Anne	e Aru	ınde1
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	Oc. CITY, TO	WN OR LOC	ATION				10	Dd. INSIDE CITY
<u> </u>	Maryland Anne Arundel				Pasa	dena	i		1	LIMITS?
	10e. STREET AND NUMBER			1	01. ZIP CODE			10g. CITIZI		AT COUNTRY?
2	213 Southwood Rd.				2112	2		Unit	ted S	States
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	D		CENDENT OF HISP	ANIC OF				- American Indian, White, atc.
BY F	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR				specify Cuban, Maxi S 2XXNO Spe		erto Rican, etc.)		Specify:	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECED	DENT'S USU	AL OCCUPAT	TION nost of working		16b. KIND OF BU	SINESS/INDU	STRY	
<u>آ</u> بة	Elementery/Secondary (0-12) College (1-4 or 5 +)	Ilfe. Do	NOT use ret	ired.)	roat of working					
2	8		Homer	naker				Domes	stic	
3	17. FATHER'S NAME (First, Middle, Last)	Por	mon			NAME (F	irst, Middle, Maiden	Surname)		ewart
2	George		wman		Della				\$6,9.6	XAXA
2	190. INFORMANT'S NAME (Type/Print) William K. Robinson				and Number or Run					21122
	20e METHOD OF DISPOSITION XXBuriel 2 □ Cremetton 3 □ Removal from State	20b. PLACE OF other place)	DISPOSITIO	N (Name of c	ametery, crematory o	r	20c. LO	CATION — C	ity or Town	n, State
	4 Donatton 5 Other (Specify)				emetery			eyser,	Wes	t Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ANO ADDRESS OF			Dage	4	
8.	Stepler H Lolinnin	ni			ılly Fune Mountai					21122
	23. PART I. Enter the diseases, or complications that c		n. Do not a							Approximate
	ahock, or heart failure. List only one cause IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or	On each line.	1400	car	lial.	S	fari	tios	1	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	AS A CONSEQUE	nge ark ark par	ed hy	thyp 200	ar	ic fi dice	alu	res	-
FILLISICIAN. MEDICAL	PART ii. Other aigniticant conditions contributing to de	ath but not read	ulting in t	he underly	ing tause given	in Part	i. 24a. WAS AN PERFO 1 YES	RMED?	6	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH	Check o	nly one)			
5	1 YES 2 NO HOSPITAL:	R/Outpetient 3 🗆		THER: Nursing H	ome 5 🗆 Rasideno	e 8 🗆	Other (Specify)			
ا ۽	27. MANNER OF DEATH 28s. DATE OF IN (Month, Day,		86. TIME O		NJURY AT VORK?	280	. DESCRIBE HOW	INJURY OCC	URED	
-	1 Natural 5 Pending (Month, Day,	.var/	INJUNI		YES 2 NO					
	2 Accident	NJURY — At home :. (Specify)	, farm, stree	t, factory, of	fice	281	LOCATION (Street City or Town, State		or Rural Ro	ute Number,
<u>"</u>	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m	knowledge deeth	Occurred -	t the time 4	its and place and a	lue to th	e causele) and ma	nner se eter-	rd.	
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: On the besis of exer									and menner as stated.
	299 AGNATURE AND TITLE OF CENTIFIER	1 1		^	29c. LICENSE I					Ugnth, Day, Year)
TO BE	30' NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE	orke	MI	<u>), </u>	D310	171	0	15	17/	90
	Dames D. Clayke, M.D. 3	00 Hosp	oita:	Dri	ve,#21	5 G	len Bu	rnie.	Mar	yland 210
	31. DATE FILED Manth Day, North 1990 File David	signature son-fanda	52							

1 9	1. DECEDENT'S NAME (First, Middle,	0 111000	Seman	Ross	son		2. DAT	E OF DEATH 5	-7-9	O 3. 1	TIME OF DEATED :
	PRIEDA S. I	Tosson	OF //s h :	hlathatic 3 -	F UNDER 1 YEAR	IF UNDER 24 HRS.	MI	SOF BIRTH	19	90 8	AM
1	152-16-2581	1 M 2 DF	63	YRS. MO	ONTHS DAYS	8 20	(Mor	th, Day, Year)	26 1	Country)	York Cit
)g	90. FACILITY NAME (If not institution, Stella Maris			91		or location of SON, MD	DEATH		Balti	y of DEATH	
15	RESIDENCE OF DECEDEN	COUNTY		40. 0079 7	TOWN OR LOCA	71011				Las	. INSIDE CITY
DIRECT		Baltimore			Ltimor					1.55	LIMITS?
	100, STREET AND NUMBER				10	ot. ZIP CODE +			2 4 1 1	N OF WHAT	COUNTRY?
FUNERAL	1715 Cape Ma					21221			US		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 XN	MED O	It yes, s	CENDENT OF HISP pecify Cuban, Maxi S 2 X NO Spe	can, Puerto	IN? (Specify Yea Ricen, etc.)	or No- 1	Black, Wh	American Indian, illa, atc. Vhite
9	15. DECEDENT'S (Specify only highest		16a. DEC	CEDENT'S US	SUAL OCCUPATI k done during m etired.)	ION lost of working	16	b. KIND OF BUS	INESS/INDU	STRY	
P.E.	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)				ecretar	y	owson	Sta	te Uı	niversi
E COMPLETED	17. FATHER'S NAME (First, Middle, Le August Seman						NAME (First,	Middle, Maiden	Surname)		
TO BI	190. INFORMANT'S NAME (Type/Print Rita R. Hamm	·				end Number or Run					33444
שמצו מ	20a. METHOD OF DISPOSITION 1 Burlel 2 M Cremation 3 4 Donation 5 Other (Specify					ory, Ir			ltime		
EXAMINET STATES	21. SIGNATURE OF FUNERAL SERVI	ice Licensee a. M MacNabb	se Ma	et-	22. NAME A	emation	FACILITY SO	ciety	of Ma	aryla	and , MD 21
ше шевіся	IMMEDIATE CAUSE (Final disease or condition	illure. List only one cause o	on aech ilne.			ode of dying, s	uch as ca	rdiec or reepi	ratory arrei		Approximete Interval Between
event, me	IMMEDIATE CAUSE (Final	a. Small C.E. DUE TO (OR DUE TO (OR C.	on aech ilne.	DUENCE OF):			uch as ca	rdiec or reepi	ratory arred		Approximete Interval Between
any injury, or other traumant event, the DICAL CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Small C. Due to (or Due to (or Due to (or Due to (or d.	AS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS AS A CONSECUA CONSE	DUENCE OF):	of MA	N. Ilang	S.;	rdiec or reepi	AUTOPSY MED?	24b. WE AMACOOF	Approximete Interval Betwee Onset and Daar Properties of the Conset and Da
MEDICAL CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Small C. Due to (or Due to (or Due to (or Due to (or d.	AS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS A CONSECUAS AS A CONSECUA CONSE	DUENCE OF):	of MA	N. Ilang	S.;	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMACOOF	Approximete Interval Betwee Onset and Daat RE AUTOPSY FINDINGS IJABLE PRIOR TO
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions are conditions.	a. SMAIL C.A. DUE TO (OR DUE TO (OR DUE TO (OR d. DUE TO (OR d. HOSPITAL:	AS A CONSECUTION OF THE PROPERTY OF THE PROPER	DUENCE OF): DUENCE OF): DUENCE OF):	the underlying	N. Ilang	S.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMACOOF	Approximete Interval Betwee Onset and Daat Part and Daat Re Autopsy Finding Illable Prior To MPLETION OF CAUSE DEATH?
or item 23 shows any mjury, or other traumatic event, the IYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant conditions are caused in the cause of the c	a. SMAIL C. DUE TO (OR DUE TO (OR d. DUE TO (OR d. HOSPITAL:	AS A CONSECTION AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF):	the underlying the un	ng ceuse given	In Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEI AMM COOOF	Approximete Interval Betwee Onset and Daat Part and Daat Re Autopsy Finding Illable Prior To MPLETION OF CAUSE DEATH?
MARKED, OF REM 23 Shows any injury, of other traumant event, me BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investig	a. SMAIL CAL DUE TO (OR DUE TO (O	AS A CONSECTION AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA G	the underlyle 28. F DTHER: Nursing Ho OFF W 1	PLACE OF DEATH	In Part I.	24a. WAS AN PERFOR 1 TYES 2	AUTOPSY MED? NO HOSP:	24b. WE AMACOOF	Approximete Interval Betwee Onset and Daat Part Research Part Res
MARKED, OF THEM 23 SHOWS any INJUTY, OF OTHER URUMANC EVENT, THE BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	a. SMAIC CADUE TO (OR DUE TO (OR DUE TO (OR d. D. D. D. D. D. D. DUE TO (OR d.	AS A CONSECTION AS A CONSECTIO	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA G	the underlyle 28. F DTHER: Nursing Ho OFF W 1	PLACE OF DEATH	In Part I. Check only 2ed, D	24a. WAS AN PERFOR	AUTOPSY MED? NO HOSP:	24b. WE AMACOOF	Approximete Interval Betwee Onset and Daar Proximete Autopsy Finding ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
I IIOM 28 IS MARKED, OF IIOM 23 SHOWS ARY INJUTY, OF OTHER TRUMBULE EVERY, INC. INC. INC. IIOM PRINCIPLE BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pendin Investig 2 Accident investig 3 Suicide e Could returned to Condition of the Condit	a. SMAIC CADUE TO (OR DUE TO (OR DUE TO (OR d. D. D. D. D. D. D. DUE TO (OR d.	AS A CONSECTION AS A CONSECTIO	DOA CONTROL TIME C	the underlyle 26. F THER: Nursing Ho NY M 1 act the time, det	PLACE OF DEATH / TORK? IYES 2 NO Ice	in Part I, Check only 20d, D 20d, D 20d, LC Church to the c	24a. WAS AN PERFOR 1 YES 2 OCATION (Street a y or fown, Street) ause(s) and mar	AUTOPSY IMED? HOSD: NJURY OCCU	24b. WE AMACO'CO'OF 1 [Approximete Interval Betwee Onset and Daar Proximete Interval Betwee Onset and Daar Proximeter Interval
ITEM 28 IS MARKED, OF ITEM 23 SHOWS ANY INJURY, OF OTHER URUMANIC EVENT, INF. PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pendin Investig 2 Accident investig 3 Suicide e Could returned to Condition of the Condit	a. SMAIL C. A. DUE TO (OR DUE TO (OR DUE TO (OR d. D. DUE TO (OR d. DUE TO (OR d. D. D. D. D. D. DUE TO (OR d. D. D. DUE TO (OR d. D. D. D. D. DUE TO (OR d. D. D. D. D. D. D. D. DUE TO (OR d.	AS A CONSECTION AS A CONSECTIO	DOA CONTROL OF STATE	the underlying 26. FOTHER: Nursing Holory M 1 Deet, factory, office at the time, det in my opinion,	PLACE OF DEATH / TORK? IYES 2 NO Ice	In Part I. Check only 2ed. D 2ed. CC Check time, da	24a. WAS AN PERFOR 1 YES 2 OCATION (Street a y or fown, Street) ause(s) and mar	AUTOPSY MED? HOSD: NJURY OCCL and Number of	24b. WE AMM COOP 1 [ICE PRED * Rural Route 4. cause(e) an	Approximete Interval Betwee Onset and Dast Properties of the Interval Betwee Onset and Dast Properties of the Interval Properties of Cause Dastrift Properties of the Interval Properti

s PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	to set in the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should with the State Dear of Marial Amiena miner in burial cremation or removal	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file and within 72 hours often death with the State Door of Hasith and Merical H	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

												90		257	9
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR					MENTAL	HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest) Harry D.	Р.	Scheue			r.			2. DATE O		AL,	YEAR		ME OF DEATH	
		5. SEX	6. AGE (In yrs. les		IF UNDE		IF UNDER	24 HRS.	7. DATE O					E (State or Fore)	gn
	212-01-9280	1 (X) M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV.	Day, Year)	911	Ma		and	
	9e. FACILITY NAME (If not institution, give etre	et and number)			9b. CITY	r, TOWN O	R LOCATI	ON OF DE			9c. COU	NTY OF D	_		
OR	Homewood South					Bal	timo	re C	ity						
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, CIT	Y. TOWN	OR LOCAT	ION					1	10d.	INSIDE CITY	
DIRECTOR	Maryland					Bal	timo	re C	i t.v				1	LIMITS?	0
	100. STREET AND NUMBER						ZIP COD		105		10g, CIT	IZEN OF 1		COUNTRY?	
FUNERAL	3608 Harf	ord Road	1						21218	3	Un	ited	St	ates	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13.					(Specify Ye		14, RACI		merican Indien,	
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					1 YES			n, Puerto R y:	ecan, etc.)		Spec	-	White	
	15. DECEDENT'S EDUC	ATION	J see DE	CEDENT'S	HOUAL O	COLIBATIO	NA .		100	KIND OF BU	001500 (101	DUCTOV		WIIICC	
COMPLETED	(Specify only highest grade c		(G	ive kind of Do NOT u	work done se retired.)	during mo	st of working	ng	100.	KIND OF BU	SINE 38/INI	JUSTRY			
7	Elementery/Secondary (0-12)	4 Yrs	')							W. G	G. Gr	ace			
ON	12 Yrs. 4 Yrs Accountant 17. FATHER'S NAME (First, Middle, List) 18. MOTHER'S NAME (First								ME (First, M			400			
BEC	<u> </u>							erine	rine Heinz						
0	19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Samuel A. Culotta, Esq. 3210 Belair Road Baltimore, Maryland 21213														
-	Samuel A. Culot	ta, Esq.							timor				212	****	
	20b. PLACE OF DISPOSITION 1 © Burlet 2 Cremation 3 Removal from State 4 Densation 6 Other (Specify) Removal from State 1 Densation 6 Other (Specify) Raltimore Cemetery, crematory or other place)									CATION -					
	24 CHANATHEE OF FINERAL REPORTED LICENSES								1 Ba	Iltim			ryland		
	10 AL	Miltor	Knigh	t Jr		NAME A	ID ADDRE	.55 OF PA	CILITY				212	14	
	23. PART I. Enter the diseases, or complications that couled the deeth.					.eona	rd J	. Ru	ck, I	nc.	5305	Har	for	d Road	
	23. PART I. Enter the diseases, or co ahock, or heart fellure. L	implications the list only one cau	t cedited the de use on each line	eeth. Do	not ente	r the mo	de of dy	ing, suc	h ss card	lec or rasp	iratory sr	rest,		Approximate Interval Bet	ween
	IMMEDIATE CAUSE (Final disease or condition	7		4								Onset and I	Death		
	resulting in death)										-				
7	in the same														
ERTIFICATION	Sequentielly list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CA	CAUSE (Disease or Injury		OPY	<i></i>											
F	that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSE	OUENCE C	DF):								i		
CER	resulting in destin) LAST														
	PART II. Other significent conditions	contributing to	deeth but not	resulting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AP PERFO		24		E AUTOPSY FINE	
DIC									_	1 TYES	-		COM	PLETION OF CA	
ME											4		1 🗍	YES 2 NO)
Ä															
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF I	DEATH (Ch	neck only on	9)					
IYS	1 VES ZONO 27. MANNEB OF DEATH	1 Impatient 2 D		26b. Til		28c. INJ		esidence	6 Other		ni Hiron oc	COLUMN			
	1 Netural 6 Pending	(Month, E		IN	JURY	WO	PRK?	NO	200. DES	CRIBE HOW	INJUNT OC	CORED			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	F INJURY — AI ho	ome, farm,	street, fac				281. LOCA	ATION (Street	end Numbe	er or Rural	Route	Number,	
TED	4 Homicide S Could not be	building,	etc. (Specify)						City	or Town, State))				
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	SAN: To the best of	my knowledge, de	eath occur	red at the	time, date	and place	, and due	to the cau	se(s) and ma	nner ee st	nted.			
OM	one) 2 MEDICAL EXAMINER												(e) and	menner es ata	ted.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	100	11	0//			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	O (Mori	th, Dey, Year)	
•	LIGHTATIA	1	200	1	V							1-1-	1/6	7 -	

aswaria	- 1 42	CISMAN.		> 5/7/90
30. NAME AND ADDRESS OF PI	ERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27) (Type, Print) WOOD ROSP CENTR	R-40UTH, 2724	MORE, MD 21218

31. DATE FILED (Nonth Day) 32. REGISTRAR'S SIGNATURE

FIRST CALL TAKE 1988 A TAKE

DHMH-18 Rev 1/89

DALLIMONE, MANILAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
		ion, o	the n	l
0110	secuted withle	and completely burial, cremati	atic event, t	
400	tificate be ex	physician a ene prior to	ther traum	
ġ	h cert	Hygi	0 0	l
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury,	
_	I BW	Dept.	23	l
_	#: The	cate	Hem	ŀ
>	SICIA	the	. 0	ĺ
D NO	NING PHY	After this death with	marked	
2	TEN	TOR:	28 Is	l
2	OR A	DIREC	tem	l
	PITAL	ERAL n 72 n	T. H.	
	HOS	FUN	TAN	
	TO THE	TO THE be filed	IMPOF	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Scott W	ALDON	SCOTT		2. DATE OF DE		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 248-18-1380	5. SEX 6. AGE (1	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	16ar) 12	BIRTHPLACE (State or Foreign Country) OUTh Caroling
OR	BON SECOULS H	oot and number)		Balto	MS	EATH	9c. COUNTY	OF DEATH
딦	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		10c, CIT	Y, TOWN OR LOCAL	TION			10d, INSIDE CITY
L DIRECTOR	MS Bal	Ito City		21	20 /			YES 2 NO
FUNERAL	851 Geore	ge Stre	et	101	21201	,	10g. CITIZEN	of what country?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuben, Mexica 2 X NO Specif	n, Puerto Ricen,		Black, White, etc. Specify: Black
ED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of v	USUAL OCCUPATE work done during mo		16b. KIND	OF BUSINESS/INDUS	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us					
COMPL	17. FATHER'S NAME (First, Middle, Last)		FARM	ER	18. MOTHER'S NA	MF (First Middle	Malden Sumeme)	
ECC	CICERO SCOT	Γ			CALL STREET		LEY SCOTT	
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a			y or Town, State, Zip Co	ode)
5	EDWARD SCOTT		341	4 ROYCE	AVE, BAL	TIMORE,	MARYLANI	21217
	20a. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetion 3 Remo	oval from State	other place)				20c. LOCATION — City	or Town, State
	4 Donation A Other (Specify)		RBUTUS M		PARK NO AGORESS OF FA	OII ITY	ARBUTUS,	MD.
	Alexally.	Sta	7				RALISERY!	GE: 21217
	23. PART I. Enter this diseases, or c	complications the cadaca	the deeth. Do i	not anter the mo	ode of dying, auc	h aa cerdiac o	r respiratory arrest	t, Approximate Interval Batween
1	IMMEDIATE CAUSE (Final	O A	O O O	200	~	100	0.0	Onset and Death
	disease pr condition resulting in death)	. (2)	500	3/5/S	4000	AUC	200	
		DUE TO (OR AS	CONSEQUENCE O	F):	1			
lo No	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CORSEQUENCE O	F):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CO.	PY					
TE	that initieted events	DUE TO OR AS A	CONSEQUENCE O	P: 100	mAll.	^		
E		. 010	DIME	Au	LINGO	1		
AL (PART ii. Other aignificant condition	s contributing to death b	ut not resulting	in the underlyin	g cause given in	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
10						1 🗆	YES 2 NO	COMPLETION OF CAUSE DF DEATH?
MEDI								1 TYES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF DEATH (C)			
SICI	EXAMINER?	HOSPITAL:	notions 2 DOA	OTHER:			-44.0	
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIN	E OF 28c. IN.	JURY AT		E HOW INJURY OCCUP	RED
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	IN.		YES 2 NO			
03	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spec	(— At home, farm, cify)	atreet, factory, offic	ea .	28f. LOCATION City or Tow	(Street and Number or n, State)	Rural Route Number,
IPLET	deed only	CIAN: To the best of my know						
COMPL	2 MEDICAL EXAMINE		n and/or investigation	on, in my opinion, o	death occured at the	time, data and p		cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	This			29c, LICENSE NU	MBER 2	29d, DAT	CNED (Mohith: Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHI	D. COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	o, Print)	72 1	0000	201 00	WE BALL
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	77	0 Z W-	3000	2100 Mg	The Property
	MAY 01000 4	Cota Deviden Bo						

State of the state of the

	4 13	filled
î	within 2	nietely 1
	ecuted	and com
	pe	Pian
	rtificate	isvito or
)	th ce	Pandir
-	dea	20 20
	45	# 1
	that	7
	requires	ann cinne
	ME	ac h
	른	d and
	MTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mo	DAT DIDECTION About this continues has been comed by the attending physician and completely filled
	DING	Athor
	ATTENC	Comp.
	8	Oic
	TAL	DAI

	1 - FOR STATE REGISTRAR	STATE OF MAKYL		MENT OF HEALTH AND CATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	TARE TO COME	OMILERO		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
	ST. ELDER WILL				5 6	90 2- A				
	218-28-6702			FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yell) 7/26/3	8. BIRTHPLACE (State or Foreign Country)				
-	Sa. FACILITY NAME (If not institution, give st	1		b. CITY, TOWN OR LOCATION OF D		TY OF DEATH				
CTOR	WIN MARYLAND H	OSPITAL	-	BALTIMORE	₽A	LTIMORE				
111	10a. STATE 10b. COUNTY			TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
DIR.	MD JA	TIMORE	Di	ALTIMORE		1 XYES 2 NO				
FUNERAL	1701 ENTAW	PLACE		101. ZIP CODE 2 / Z	1999	EN OF WHAT COUNTRY?				
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HISPA	NIC DRIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.				
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? 1 TYES		If yes, specify Cuban, Mexic 1 YES 2 NO Speci		Specify: BLACK				
E	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BUSINESS/IND					
LET	Elementery/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	etired.)						
COMPL	17 FATHER'S NAME (First Middle Last)									
_	INVEST TO A MANAGEMENT OF THE ACT									
) BE	WILLIAM E. SMOTHERS FLORENCE HIGGS 199. INFORMANT'S NAME (Exception) 190. MAILING ADDRESS (Street and Australia of Burdle Alumbar City or Four Stella 7 to Code)									
7										
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remo	oval from State	other place)	ION (Name of cemetery, crematory or	20c. LOCATION —	APILL CONTRACTOR				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		<u>arrison</u>	Forest Cemet	cery Owings	Mill, Mary				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):									
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): HEART ATACK DUE TO (OR AS A CONSEQUENCE OF): HEART ATACK DUE TO (OR AS A CONSEQUENCE OF): HEART ATACK DUE TO (OR AS A CONSEQUENCE OF): HEMISPHERIC STROKE DUE TO (OR AS A CONSEQUENCE OF):									
AL C	PART II. Other significent condition		but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDICA		ALLIRE	<u> </u>		1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
	HYDROCEPH	1/1245			_	1 TES 2 POND				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
HYSI	1 TES 2 PENO	1 A Inpatient 2 ER/Out	tpetient 3 DOA 4	OTHER: Nursing Home 5 Residence						
0	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)			HEART ATT	THEO V				
≿	2 Accident Investigation	28e. PLACE OF INJUR	tY — At home, farm, str		26f. LOCATION (Street and Number	or Rural Route Number,				
B	- Cooks not be	building, etc. (Spe	ecity)		City or Town, State) BALT (MOX	et, and				
8	29a. CERTIFFIRE (Check only) 29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
APLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI				e to the cause(s) and mariner as stat e time, data and place, and due to th					
APLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ER: On the basis of examination		in my opinion, death occured at the 29c. LICENSE N	e time, data and place, and due to the					
E COMPLETED	29a. CERTIFIER 1 Check only one) 2 MEDICAL EXAMINE	ER: On the basic of examination	ion and/or investigation,	In my opinion, death occured at the 29c. LICENSE NI	e time, data and place, and due to the	e cause(e) and manner as stated. E SIGNED (Month, Day, Year)				

MI) 21289

5,	wethin
1314	avacutad
×	2
. BO	chificate
0	9
٦.	death
S	2
2	that
EC0	acuivac
<u></u>	low as
\mathbf{z}	É
OF VI	DEPOSITION
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	was one evertained decided the law enaction they be death confidents be available with
≥	0
_	ě

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE 3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	uden				2. DATE OF DE		SAR 7	50 M	
	4. SOCIAL SECURITY NUMBER 217-14-2947 De. FACILITY NAME (If not institution, give a	5. SEX 6. AGE (// 1 ⊠ M 2 ☐ F 77	YRS. MON		UNDER 24 HRS.	7. DATE OF BIR (Month, Day, 8/30/	Year)	Country) IARYLA	(State or Foreign	
TOR	LIBERTY MEDICAL	and the second second		BALTIMO			3000	Of BEATH		
DIRECTOR	MD .	¥		MORE CI	Ϋ́			1 🗆 '	ISIDE CITY IMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4017 LIBERTY HGT	'S. AVE.			1215			OF WHAT CO	OUNTRY?	
A	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		PENT OF HISPANI Cuben, Mexican NO Specify:	, Puerto Ricen, e		Black, White Specify: BLACK	, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of	working	16b. KIND	OF BUSINESS/INDUS	TRY		
	17. FATHER'S NAME (First, Middle, Last)			-10	. MOTHER'S NAM	AE (First, Middle,	Maiden Surname) 2			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and	Number or Rural R	oute Number, City	or Town, State, Zip Co	ode)		
	20a. METHOD OF DISPOSITION 1	novel from State	PLACE OF DISPOSITION Other place)	ON (Name of cemete	ry, cremetory or		20c, LOCATION — CIT	y or Town, Sta	da	
	21. BIGNATURE OF FUNERAL SERVICE LI	. 11	5-8.90		ANATOM), BALTO.	, MD.	21201	
	25 PART LEnter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Carano y DUE TO (OR AS A	ech line.						Approximate Interval Between Onset and Death	
z	resulting in death)	b. Preumo				06(3)				
CERTIFICATION	Sequentisity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)									
ERTIFI	that initiated events resulting in deeth) LAST	1 1	CONSEQUENCE OF):	-						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	he underlying c	suse given in	1	WAS AN AUTOPSY PERFORMED? YES 2 1 NO	AWAIL/ COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 \(\sum \) NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAC THER:	E OF DEATH (Che		-44			
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJUR WORK	Y AT		E HOW INJURY OCCU	RED		
TED BY	Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)	et, factory, office		26f. LOCATION City or Tow	(Street and Number or n, State)	Rural Route N	umber,	
COMPLET	onel	BICIAN: To the best of my know							manner as stated.	
BE	296. SIGNATURE AND THE OF CENTIFIE	Kelen		2	DI83	IBER	29d. DATE 1	SIGNED (Month	n. Day. Year)	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE		4660	Will	Ican c	Are 1	Ralts	2/229	
	31. DATE FLED MORED, Day, Year)	32. REGISTRAR'S SIGN		7 000			,		,	

urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sl	removal.	edical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

							12383		
	1 - STATE REGINA C. SPYTKOWSKI 1. DECEDENT'S NAME (First, Middle, Lest)	/ DEPARTN CERTIFIC	MENT OF HEA	LTH AND I	REG. NO). 76/90	3. TIME OF DEATH		
	Resina SPYTKOWSH	- /			05 01	5 9	0 00:30 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 1 □ M 2 □ F 9 0	7. DATE OF BIRTH 3/16/00 BIRTHPLACE (State or Fore Country) 3//6/00 New York							
OR	98. FACILITY NAME (If not institution, give street and number) St. Ag Nes Hospital	98	BOLFIN	ocation of DE		OF DEATH			
DIRECTOR	10a, STATE 10b. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY RESIDENCE OF DECEDENT 10b. COUNTY RESIDENCE OF DECEDENT		own or Location			10d. INSIDE CITY 1.JMITS? YES 2 XNO			
FUNERAL	100. STREET AND NUMBER 120 Mellor Ave.	101. ZIP CODE 21228			10g. CITIZEN	S A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ABMED NO	If yes, specify	DENT OF HISPAN Cuben, Mexica NO Specify	IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.)	ea or No— 14	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+)	UAL OCCUPATION (done during most of etired.)	f working	166. KINO OF B	JSINESS/INDUS	TRY			
	17. FATHER'S NAME (First, Middle, Lest) Michael Pietras		18	Mother's NA	ME (First, Middle, Maide K &	n Surname) CZMier	ak		
TO BE	19a. INFORMANT'S NAME (Type/Print) Daniel A. Spytkowski				Route Number, City or R		228		
	1 Durial 2 Cremation 3 M Removal from State other	r place)	on (Name of comete				ga N.Y.		
	21. SIGNATURE OF FUNERAL BETWICE LICENSEE	0	Leroy M	ADORESS OF FA	ssell C. V	Vitzke	Funeral Home 11e MD. 21228		
	23. PART I. Enter the diseases, or complications that caused the shock, Dr heert fellure. List Dnly Dne ceuse on each iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A COM-	line.	n				t, Approximate Interval Between Onset and Death		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d. H								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but n	ot resulting in	the underlying c	ause given in	Part I. 24a. WAS / PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO 1 ☑ Inpetient 2 ☐ ER/Outpetient		THER:	E OF DEATH (Ch	eck only one) 5 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY WORK	Y AT	28d. DESCRIBE HOW	INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stre		2 10	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the bests of examination and								
TO BE CO	296, SIGNATURE AND TITLE OF CENTIFIER A CONZO C M - D		~	DC, LICENSE NUI	wes Hos	29d. DATE 8	SIGNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH ANGELES GONZALEZ, ST. 31. DATE PARTY OF DOY, YOU'S 1990 32. REGISTRAR'S SIGNATURE 1990 34. DEWINSON-RES	AGALS	Hospi	tal, 9	100 Cato	Ave.	Baltimore, M		
	31. DATE FRED WORD DON, YOUR 1990 She Devideon And	nda 122	H						

N

×

31. DATE FILED A WHITE Say,

	1 - FOR STATE REGISTRAR	STATE OF MARY	/LAND / CE	DEPARTM	ENT OF H	EALTH AND I		GIENE G. NO.		
	1. DECEDENT'S MAME (First, Middle, Last)	A	ARTHUF	F .		UDLEY	2. DATE OF DE	ATH5/3/90	/EAR	TIME OF DEATH
		SEX B. AG	GE (In vrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 11/26/1	Year)	BIRTHPLAC Country) MARYL	CE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street ST. AGNES HOSPITAL	end number)		96		R LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH	1
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BAI	LTIMORE			OWN OR LOCAT					LINSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 713 MAIDEN CHOICE I	LANE APT	r. 220			. ZIP CODE 21228			N OF WHAT	COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 X N		If yes, spe	ENDENT OF HISPAR ecity Cuben, Mexice 2 NO Specify	n, Puerto Rican,		Black, Wh	American Indian, lite, etc.
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementery/Secondery (0-12) 8	ION npleted) College (1-4 or 5+)	(Gi	CEDENT'S USI ve kind of work Do NOT use re	JAL OCCUPATION done during mostired.)	ON at of working		OF BUSINESS/INDU		
E COMPL	17. FATHER'S NAME (First, Middle, Lest) JOSEPH STUDLEY					18. MOTHER'S NA ESTEL		Melden Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) BARBARA A. DANIELS							y or Town, Stata, Zip C CITY, M		ND 21043
	20a. METHOD OF DISPOSITION N Buriel 2 Cremation 3 Removal 4 Donellon 5 Other (Specify)	I from State	WOODI	AWN CE	ON (Name of cent	netery, cremetory or		20c. LOCATION — CI WOODLAW		
	21. SIONATURE OF FUNERAL BERVICE LICENS	Dix	Le.		LEROY	M. & RU EDMONDSO	SSELL C	. WITZKE	FUNE VILLE	RAL HOMES
	23. PART I. Enter the diseases, pr com	nniicatinna that caus	sad the de	ath Do not	enter the mo	de el dutan aus	h an anadlan a	r meniratory arra	et I	Approximate
	ahock, or haart fallure. List				enter the mo	de or dying, suc	n as cerdiac o	respiratory aire		interval Between Onset and Death
			n each line	•	onter the mo	de or dying, suc	n as cerdiac o	reophicory are		Interval Between
NOI	ahock, pr heart feliure. List IMMEDIATE CAUSE (Finel disease pr condition reculting in death) Sequentially list conditions,	Pueuv	NOUS	OUENCE OF):		ae or aying, suc	n as cordiac o	i respiratory are		Interval Between
FICATION	ahock, pr heart feliure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death) a	Pueuv Due to (or A: CHF	A CONSECUE	DUENCE OF):	ones de mo	ae or aying, suc	n as cerdiac o	теоривоту ате		Interval Between
CERTIFICATION	shock, pr heart feliure. List iMMEDIATE CAUSE (Finel disease pr condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	A CONSECUES A CONSECUE A	DUENCE OF): DUENCE OF):				тесривоту ате		Interval Between
CAL	shock, pr heart fellure. List iMMEDIATE CAUSE (Finel disease pr condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	A CONSECUES A CONSECUE A	DUENCE OF): DUENCE OF):			Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WEF AMA COO	Interval Between
MEDICAL	ahock, pr heart failure. List IMMEDIATE CAUSE (Finel disease pr condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR A	A CONSECUES A CONSECUE A	DUENCE OF): DUENCE OF):	he underlyin		Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WEF AMA COO	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
SICIAN: MEDICAL	ahock, pr heart failure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NQ	DUE TO (OR A	A CONSECUENT OF THE PROPERTY O	DUENCE OF): DUENCE OF): DUENCE OF):	he underlying	g cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WEF AMA COO	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	ahock, pr heart feliure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of EXAMINER?	DUE TO (OR A CONTRIBUTION OF A	n sach line NOWS S A CONSECUTOR S A CONSECUTOR Dutpatient 3	DUENCE OF): DUENCE OF): DUENCE OF):	the underlying 26. Pt THER: Nursing Hom F 28c. INJ	g cause given in LACE OF DEATH (Ch	Part I. 24a. 1 □ seck only one) 8 □ Other (Spec	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WEF AMA COM OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ED BY PHYSICIAN: MEDICAL	ahock, pr heart failure. List IMMEDIATE CAUSE (Finel disease pr condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO (OR A. DU	A CONSECUTION OF THE PROPERTY	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 0 28b. TIME 0	26. PI THER: Nursing Hom Y M 1	g cause given in _ACE OF DEATH (Ch no 5 Residence UNRY AT YES 2 NO	Part I. 24a. 1 □ seck only one) 8 □ Other (Spec 28d. DESCRIBE	WAS AN AUTOPSY PERFORMED? YES 2 NO City) E HOW INJURY OCCU	24b. WEF AMA COA OF 1	Interval Between Onset and Death RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, pr heart failure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR A COPULATION OF A A COPU	n sach line 10 11 2 S A CONSEC S A CONSEC S A CONSEC Dutpatient 3 RY RY Dutpatient 1 RRY Al ho	DUENCE OF): DUENCE	26. Pt THER: Nursing Hom f 28c. IN, WC M 1 1 et, factory, office	g cause given in LACE OF DEATH (Ch LE 5 Residence LURY AT JURY AT JU	Part I. 24a. 1 Seck only one) S Other (Specado Describe 28f. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO City) E HOW INJURY OCCU (Street and Number of menner as state-	24b. WEF AWA CON OF I	Interval Between Onset and Death RE AUTOPSY FINDINGS IRABLE PRIOR TO INFLETION OF CAUSE DEATH? YES 2 NO
D BY PHYSICIAN: MEDICAL	ahock, pr heart failure. List IMMEDIATE CAUSE (Finel disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIA	DIE TO (OR A. DUE TO	n sach line NOWS S A CONSEC S A CONSEC S A CONSEC Dutpatient 3 RY III Outpatient 3 III Outpa	DUENCE OF): DUENCE	26. PI THER: Nursing Hom F 28c. INJ Y WC M 1 1	g cause given in LACE OF DEATH (Ch LE 5 Residence LURY AT JURY AT JU	Part I. 24a. 1	WAS AN AUTOPSY PERFORMED? YES 2 NO Cify) E HOW INJURY OCCU (Street and Number of me, State) end menner as state- place, and due to the 29d. DATE	24b. WEF AMAL COMO OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval Between Onset and Death Onset and Death Re Autopsy Findings (ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

82 REGISTRAR SIGNATURE TO SEE

FH G-665 per

90 12585

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	017112 01 111	CE	RTIFIC	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)			k.			2. DATE O	F DEATH	YEAR	3. TIME OF DEATH
SAM SEDICINO						05		990	4:45 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	Day, Year) 0/	CLI COU	TTHPLACE (State or Foreign untry)
136-12-5200	1.13 M 2 □ F	67	YRS.				21-9		N.J.
9a. FACILITY NAME (if not institution, give s	reet and number)		96	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY OF	DEATH
THE JOHNS HOPKIN	S HSOPIT	AL		BALTI	MORE			BALTIMO	ORE CITY
10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION	-			10d. INSIDE CITY
N.J.			Ne	WAR	(. N.	1.			1 YES 2 NO
10e. STREET AND NUMBER				T	. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY?
834 DeGRI	nw Ave	4			07104	ŧ		US	A
11. MARITAL STATUS	12. WAS DECEDENT	YES 2 N			ENDENT OF HISPAN ecify Cuban, Mexica			Bi	ACE — American Indian, lack, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W				2 NO Specifi			Sp	white
15. DECEDENT'S EDU	CATION		CEDENT'S USI	UAL OCCUPATION	DN	16b. 1	KIND OF BUS	I INESS/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+	(G/		done during mo			0		
Evertained y constrainty (o tay	4	1	RODA	ieter			CAR	WAS	H
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Mi			
JOHN F. S	eDicin	5			Jei	VNI	2 N	esto	
19a. INFORMANT'S NAME (Type/Print)		198	. MAILING AD	ORESS (Street	and Number or Rural	Aoute Numbe	er, City or Town	, State, Zip Code)	
JeTTA Sei	PiciNo		834	+ Do	GRAW	AVE	Ne	WARK	N.J. 07104
20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Rem 4 □ Donation 6 □ Other (Specify)	oval from State	20b. PLACE other		A	DALE C	1 _e m		CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1			ND ADDRESS OF FA				CO
Smit 1	Lelle	Noc	2.	322	SHIGH	ST	BA	cto 21	202 MD.
23. PART I Enter the discusses, or a hock, or heart failure.	complications that	caused the de	ath. Do not	enter the mo	ode of dylng, suc	h es cardi	ec or reeple	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final									Onset and Death
disesse or condition resulting in death)	a. My	orande	al	intan	ection				12 hrs
A STATE OF THE STA									20485
Sequentially liet conditions,	b. COI	CONARU	art	uy a	disease				20 yrs
If sny, leading to immediate cause. Enter UNDERLYING		stroin.			emorrh	000			3 days
CAUSE (Disease or injury that initiated events	c. DUE TO	OR AS A CONSEC	QUENCE OF):	ac re	CITY KICK	age			300003
resulting in death) LAST	4								
PART II. Other significent condition	-	death but not r	esuiting in 1	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Cmv pneumod						—	1 TYES 2	PCHO	OF DEATH?
dermatory	12127				-				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				.04.5	LACE OF DEATH (C)				
EXAMINER?	HOSPITAL:	ED/Outselles 2		THER:			<u> </u>		
27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIME O	F 28c. IN	ne 5 Residence			NJURY OCCURED)
1 Netural 5 Pending	(Month, D	ay, Year)	INJUR		YES 2 NO	2.31103.00			
2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At ho	ome, farm, stre	et, factory, offi	DO .	28f. LOCA	TION (Street a	and Number or Rur	ral Route Number,
4 Homicide determined	building,	etc. (Specify)				City o	r lown, State)		
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	eath occurred a	at the time, dat	and place, and due	to the caus	ee(a) and mar	nner as steted.	
onel									se(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Я	TUNK	R Resi	do. L	29c. LICENSE NU	MBER		29d. DATE SIGN	NED (Mgnth, Day, Year)
ables Colle	in mr)	12 100	Jen -				15/	5/90
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре, Рг					-/	
Helen L. Collins	mo J	Ohns H	pkin	1204 2	ortal 1:	suldi	more	mp	21205
31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	10 =		· ·		,		
MAY 8 1991	Julia Da	victor- A	gt;m:						
**** = -4	0								DHMH-16 Rev 1/89

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

1771 177

to a stream

The second second

to the sum well and the series

the comment of the comment of the death of the comment of the comm

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE C	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH SOUTH SEAR 3. TIME OF DEATH SOUTH SEAR SEARCH SE					
	FLOYD R. TILLA	R			05 04	6:00AM M				
İ		AGE (In yrs. last birthday)	IF UNDER 1 YEA		7, DATE OF BIRTH 8. B (Month, Day, Year) C		ITHPLACE (State or Foreign intry)			
	224-50-9523 1 ¹ X M ² □ F	52 YRS.	MONTHS DAY	rs HOURS MIN.	10/19/193		RGINIA			
	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOV	VN OR LOCATION OF DE		9c. COUNTY OF				
DIRECTOR	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMOR									
	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
	MD	BA	LTIMOR	Ξ			1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
	3903 WOODBINE AVENUE			21207		US				
5	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1			DECENDENT OF HISPAI , specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No — 14. R/	ACE — American Indian, ack, White, etc.			
	1 Never Merried 2 Merried IF YES, GIVE WAR			YES 2 NO Specif		Sp	BLACK			
בה	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	LISUAL OCCUE	PATION	145 KIND OF BU	SINESS/INDUSTRY				
-	(Specify only highest grade completed)	(Give kind of life. Do NOT u	work done during	most of working	100000000000000000000000000000000000000					
	Elementary/Secondary (0-12) College (1-4 or 5+)				Divisi	on of	Probation			
COMPLEI	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Surneme)				
	KATO TILLAR			INOLI	A GILLIA	M				
0 65	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Code)				
-	GRACIE TILLAR	3903	WOOD	BINE AVE	NUE BAL	TIMORE	, MD 21207			
	20e. METHOD OF DISPOSITION 1 □ Murlet 2 □ Cremetion 3 □ Removal from State	20b. PLACE OF DISPO				CATION — City or				
	4 Donetion 6 Other (Specify)	DIAMOND	GROVE	BAPT. C	HURCH SK	IPPER,	VIRGINIA			
П	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-	22. NAM	E AND ADDRESS OF FA	ETT & SO	N FINE	DAT HOME			
	I W () LING () WI	LOTT			Y HEIGHT					
	23. PART I. Enter the diseases or complications that	sused the death. Do					Approximate			
1	shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Finel									
	disease or condition CANCED OF THE LINE METACTATIO									
	resulting in death) a. CANCER OF THE LUNG METASTATIC DUE TO (OR AS A CONSEQUENCE OF):									
2	C b.									
2	Sequentially list conditions, If any, leading to immediate									
CERTIFICATION	CAUSE (Disease or Injury	R AS A CONSEQUENCE O								
	thet initieted events resulting in death) LAST	AS A CONSEQUENCE C	rj.				i			
	d									
	PART II. Other aignificent conditions contributing to de	ath but not resulting	in the under	lying cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
J. CAL	DIABETES MELLITUS				1 YES :	2 PNO	COMPLETION OF CAUSE OF DEATH?			
N N					_		1 TES 2 NO			
ž										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	6. PLACE OF DEATH (C)	neck only one)					
PHTSICIAN: ME		R/Outpatient 3 DOA	4 - Nursing	Home 5 - Residence						
5	27. MANNER OF DEATH 26e. DATE OF IN. (Month, Day,		JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	'			
5	2 Accident Investigation	AL HURSY AA L		YES 2 NO	204 1 00471011 (01111					
3	3 Suicide a Could not be building, etc	NJURY — At home, farm, :: (Specify)	street, ractory,	onice	261. LOCATION (Street City or Town, State		al Houte Number,			
4	20s. CERTIFIER				<u> </u>					
COMPLE	(Check only 1 P CERTIFYING PHYSICIAN: 10 the best of my						(a) and			
3	2 MEDICAL EXAMINER: On the basic of exam	million and/or investigati	on, in my opink							
	26. IGNATURE AND TITLE OF CERTIFIER	4.0		29c LICENSE NU	MBER (29d. DATE SIGN	NED (Month, Day, Year)			
5	30-MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH TITES OF CO	Print:	100	180	1.0.	7-70			
		AND DE LANGE		ENHE DAT	TIMODE NO	24207				
	31. DATE FILED (Month, Dev. 19ar) 32. REGISTRAR'S	1717 GWYNN	UAK AV	CNUC, BAL	I IMUKE, MU.	2120/				
	MAY 8 1990 Julia Deviden	Mondage								

30 ISSC:

1		<u>හ</u>	
		5	
		DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burnar and wental Hydiene prior to burlal, cremation, or removal.	
	7	X	
1	1	3	
	à	V	
9	嚛	1	
314	ng pu	200	
3	tendi	38	
120	07.0	Su Je	
2	spital	100	
Ž	he ho	detacl	9300
5	5	2	k
R	ained	hould	fied
2	ne ret	e 5 s	no.
BALTIMORE, MARYLAND 21203-3146	nay b	bad 5	to be
O	e 6 r	recto	E
M	Pag		lner
AL	death	fune	Praff
m	after	noval	63
	SUDO	d in b	med
	24	fille tion,	the
5,	within	pletely	ine.
146	ned v	com	78
5	exect	and or	mat
ŏ	20	siclan	L
m	tificat	phy ene	ther
0	h cer	Hyd	0.0
П.	deat	Aemta	20
03	at the	by th	N N
0	es th	gned	200
C	equir	en si	how
E .	M.	as be	23
T	The	tate h	met
>	ICIAN	the S	20
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending preview	this c	tion 28 is modes or tion 23 shows any lotters are other traumatic event, the medical evaniner must be notified at once
N	DING	After	2
Sic	TENE	TOR:	28 10
2	JR AT	IREC.	
	0	0 2	-

		5-1-90 cm		DEDAD	PERFECUE OF II	PAITH AND S			
		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLAND /		ICATE OF		REG. NO	-	30 12587
•		Rodne	У 5	Tols	son		2. DATE OF DEATH 1 1 5-3-90	DAY YE	4:30AM M
/		4. SOCIAL SECURITY NUMBER 214-84-3296	5. SEX 6. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 13,	1961	BIRTHPLACE (State of Foreign
2, 3 should	OR	St. Agnes Hospit				more Cit		9c. COUNTY	OF DEATH
Pages 1, 2	DIRECTOR	MESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION		-	10d. INSIDE CITY
		10e. STREET AND NUMBER	-t. Way 14 6	10 h.		ZIP CODE	2 7	10g. CITIZEN	1 VES 2 □ NO
band band	Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FUNCES? 1 YES 2 TH IF YES, GIVE WAR OR DATES	MED.	If yes, spe		HC ORIGIN? (Specify Yon, Puerto Rican, atc.)	14.	RACE — American Indian, Black, Whita, stc.
be retained by the hospital or attending toge 5 should be detached for use as the port of the condition of t	TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of		we kind of	USUAL OCCUPATIO		16b. KIND OF BI	USINESS/INDUST	3/ACK
ached for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	lai	Tor				
ed by the hosely the board of at once.	BE CO	17. FATHER'S NAME (First, Microtic, Last)	Tulson			Em	ME (First, Middle, Melde	Pu	Hey
ay be retained page 5 should per the hottified the hottified	2	MYS, Emily	olson s	531	Thiben	Tulteron	Poute Symber, City or To	BAlta	md.21207
ector mus		20e. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State Appropri	DU/	SITION (Marine of com	nfar	E 20c. L	DAILD	. Co. md
r death. Page he funeral din al. I E Miner		21, SIGNATURE OF FUNERAL SERVICE LICE	Run		22	トー し	y nor	de	NO 21216
within 24 nours after or pletely filled in by the cremation, or removal.		IMMEDIATE CAUSE (Final	List only one cause on each line ACUTE NARCOTIC	AND	ALCOHOL			piratory arrest	Approximate Interval Between Onset and Death
and con burial,	NO	Sequentially flet conditions,	DUE TO (OR AS A CONSE						
leath certificate be execun attending physician and c mal Hygiene prior to buri y, or other traumatic	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE						
ta ta ta	CERTII	that initiated events resulting in death) LAST	i						
requires that the deen signed by the of Health and Meshows any Injur	MEDICAL	PART II. Other significant conditions	contributing to death but not a	resulting	In the underlying	g cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO
SICIAN: The I certificate ha the State Du the State Du to Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXX YES 2 □ NO	HOSPITAL: 1 Inpatient 25 ER/Outpatient 3	□ DOA	OTHER:	ACE OF DEATN (Ch	6 C Other (Specify)		
this with	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) UNKNOWN	26b. TIR	AE OF 28c, INJ	URY AT	28d. DESCRIBE NOW	INJURY OCCUR	IED
OR ATTENDING DIRECTOR: After hours after death Item 28 Is mail	ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, factory, offic		281. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
AL OR L DIRI 2 hour f Item	COMPLE	one)	CIAN: To the best of my knowledge, do				to the cause(a) and m		
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: 1	BE	296 SIGNATURE AND TITLE OF CENTURE	Jelly AT	1	d	29c, LICENSE NUM OCME	MBER		SIGNED (Month, Day, Year) 5-3-90
	10	30. NAME AND ADDRESS OF PERSON WHO Mario F. Golle,		M 27)		n Street	,Baltimor	e,MD 2	1201 vo

32. REGISTRAR'S SIGNATURE

DNMH-16 Rev 1/89

Pages 1, 2, 3 should

permit.

burial-transit

use as the

jo

detached

90

funeral director, page 5 should

completely filled in by the rial, cremation, or removal.

cremation, or

the attending physician and con Mental Hygiene prior to burial,

and

signed t

t, of

certificate has been the State Dept. of

this c

After 1 death

DIRECTOR: J

FUNERAL (

4

1990

hospital or attending physician.

hours after death. Page 6 may be retained by the

o,	within
2012	e executed within
<	8
	he law requires that the death certificate
7.	death
0	the
2	that
	reduires
_	W.
₹	The
DIVISION OF VITAL RECORDS,	DEPITAL DR ATTENDING PHYSICIAN: The
NOIS!	ATTENDING
5	8
_	DSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH MONTH 3. TIME OF DEATH Marie Helen Tidrick 1990 4:37pm May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 X F 87 YRS. April 21,1903 215-05-3670 C Maryland 9a. FACILITY NAME (If not institution, give street and number, Hammonds Lane 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Meridian Nursing Home Brooklyn Park 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY t 🗌 YES 2 🙀 NO Marvland Anne Arundel Glen Burnie 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A 17 N.W. Virginia Ave. 21061 12. WAS DECEDENT EVER IN U.S. ARMED 11 MARITAL STATUS t3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—it yes, specify Cuban, Maxicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO 1 Never Married 2 Married FORCES? 1 YES 2 Specify: White 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Own Home none Homemaker 8th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) to (Unknown) Mary Frank J. Puncochar BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Dorothea M. Wood N.W Virginia Ave. Glen Burnie, MD. 21061 pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Cedar Hill Cemetery Brooklyn Park . MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home 98. Nevye Second Ave. S.W. Glen Burnie, 21061 medical 23. PART I. Enter the diseases, or compileations that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition_ resulting in death) event, www traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reculting in deeth) LAST 10 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO shows t TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28/PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ing Home 5 - Residence 6 - Other (Specify) 0 27. MANNED OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be determined COMPLETED 4 Homicide 28 Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. Ξ 2 MEDICAL EXAMINER: On the bi TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29d. DATE SIGNED (Month. BE D 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

eh

32 REGISTRAR'S

211

adna

- 50

- 5 OP

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF I		CERTIF			DEATH		EG. NO.	_		
j	1. DECEDENT'S NAME (First, Middle, Lest)								DEATN		YEAR	3. TIME OF OEATN 7: 25 A M
	4. SOCIAL SECURITY NUMBER	EVa E. Thacker 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR			WE	IF UNDER 24 HRS.	7. DATE OF I	6	9	70	PLACE (State or Foreign	
		MONTHS				DAYS	HOURS MIN.	Jan.7	1	W.Va.		
	215-24-3272 9a. FACILITY NAME (If not Institution, give s		78		9b. CITY, T	OWN C	R LOCATION OF DE		, 1912	9c. COUN	ITY OF DE	
۳ ا	Sinai Hospital				Bal	ltim	ore	City				
ا ۃ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CIT	Y, TOWN OR							10d, INSIDE CITY
DIRECTOR	Md.							1112				LIMITS?
	Md. Baltimore				Perry I		, ZIP CODE	10g. CITIZEN OF WHA				
FUNERAL	9107 Santa Rita Road						21236			U	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN						PANIC ORIGIN? (Specify Yea or No— 14. RACE — Am kican, Puerto Rican, etc.) 14. Black, White				— American Indian, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y					2 NO Specify				Specify Whit	r te
	15, DECEDENT'S EDU		164	a. DECEDENT'S	USUAL OCC	UPATIO	ON -	18b. KJF	ID OF BUS	INESS/IND		0.0
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of a	vork gone qui se retired.)	nng mo	st or working					-
d M	12			Homemaker								
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	47.14-1		Sumame)		
8	Melvin E. Fifer 198. INFORMANT'S NAME (Type/Print)	·		19b, MAILING	ADDRESS (Street a	Eleanor			n, State, Zip	Code)	
임	Elizabeth Golden			9107	Santa	Rit	a Road Bal	timore,	Mary]	land 2	1236	
	20a. METHOD OF DISPOSITION 1 [V] Burlel 2 [] Cremation 3 [] Rem	oval from State	oth	ACE OF DISPO	SITION (Name	e of cer	netery, crematory or		20c. LO	CATION —	City or Tox	wn, Stata
	4 Donation 5 Other (Specify)		Mea	adowridg			9, 1990		Dors	sey, M	d.	
	▶ James F. Gladden		161	10.			nd J. Ruck		20E U:	artord	Doad	2121/
	1	/										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. INTERPRETATE CAUSE (Final											
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death			
	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):											
Z	Congestive Heart Failure Congestive Heart Failure Due to (or as A consequence of):											
AT	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	INSEQUENCE O	ISEOUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initieted events	C. DUE TO	(OR AS A CO	INSEQUENCE O	F):							
	resulting in deeth) LAST	d										
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
Z Z	Piabetes mellitus							PERFORMED? 1 ☐ YES 2 (1000				AMAILABLE PRIOR TO COMPLETION OF CAUSE
			1 YES 2			Calle		OF GEATH? 1 YES 2 NO				
ż												
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		LACE OF DEATH (Ch	eck only one)				
ız	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 26s. DATE 0		ent 3 🗆 DOA	4 D Nursi	ng Hon	ne 5 🗆 Residence	8 Other (S		N ILIEV OC	CHRED	
	1 Natural 5 Pending	(Month,	Day, Year)	IN	JURY M	WC	YES 2 NO	28d. DESCR	IBE NOW I	NOONT OC	DONED	
84	2 Accident Investigation 3 Suicide 8 Could not be			At home, farm,	street, factor	ry, offic	•				or Rural A	loute Number,
COMPLETED	4 Homicide determined	bunding	, atc. (Specify)					City of 1	own, State)			
L	CONSCR ONLY	ICIAN: To the best of	f my knowledg	ge, death occur	red at the tim	ne, data	and place, and due	to the cause(a) end mer	ner as stat	led.	
Ö	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,						on, death occured at the time, date and place, and due to the cause(a) and) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	P					29c. LICENSE NUI		6			(Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WI	HO COMPLETEO CAL	ISE OF OFATA	//TEM 27 /%-	Print)		houses	catt			5/	6/70
	J. A. Acas	七只	m D	5:2	ai	H	houses	1 B	a/	tin	201	- mD
	31. DATE FILED (A) (Page 16ar)	32. REGISTR	AR'S SIGNATI	RE.								
	5 / 6 9 9 8	U gutan	Tay & Marie	My The	2. 2							
	/ /		/									DHMN-16 Rev 1/89



7 3 3

S 1

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last	0	14			2. DATE OF DEATH		3. TIME OF DEATH			
	NICHOLAS 4. SOCIAL SECURITY NUMBER	KENNETH 5. SEX 6. AGE	TEGGES	T		5 4	199				
	218-01-1312	1 M 2 🗆 F	(In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-18-191	8	BALTIMORE			
Œ	9a. FACILITY NAME (If not institution, give			TOWS	OR LOCATION OF OR N	EATH		Y OF DEATH TIMORE			
5	ST JOSEPH HOSP RESIDENCE OF DECEDENT					0/10					
DIRECTOR		ALTIMORE	1000	TOWSON	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER			101	ZIP COOE			N OF WHAT COUNTRY?			
NE	800 MOCKINGBIRD	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21204	IIC ORIGIN? (Specify	Ves or No.— 14	5. RACE — American Indien,			
BY FL	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 1 YES	2 NO	if yes, sp		n, Puerto Rican, etc.)		Specify: WHITE			
COMPLETED	15. DECEDENT'S ED (Specify only highest gre		16a. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during more retired.)	ON st of working	16b. KIND OF	BUSINESS/INDUS	STRY			
PE	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)			N-ELETRI	C BALTI	MORE GA	AS&ELETRIC			
NO.	17. FATHER'S NAME (First, Middle, Last)		THE LEW T	HOTFLEET	·	ME (First, Middle, Mai					
BEC	NICHOLAS J. TEG	GES			MARGAR						
2	19a. INFORMANT'S NAME (Type/Print)			ME AS 10		Route Number, City or	Town, State, Zip Co	ode)			
	DORIS TEGGES 20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPO			20c.	LOCATION — CR	ly or Town, State			
	1 Donation 5 Other (Specify)	1 Burial 2 V Cremation 3 Removal from State other i				ALTIMORE	IMORE, MD				
	21. SIGNATURE OF FUNERAL SERVICE	. 4	^	22. NAME A	O AOORESS OF FA	CILITY	TOWS	SON,MD21204			
	Wallac	e S. Brook	1/21.	RUCK T	OWSON FU	NERAL HO	1050 1050	YORK RD.			
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE, TO (OR AS A CONSEQUENCE Dr):										
TION	Sequentially list conditions, if any, leading to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d.										
LC	PART II. Other significant conditi	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
SICAL	Hepatiti	0					FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC						_	*	1 TES 2 NO			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			A4 D	ACE OF BEATH ON						
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	tostient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)					
¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TH	ME OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HO	W INJURY OCCU	REO			
BY	1 Natural 5 Pending 2 Accident Investigation	n .		M 1 🗆	YES 2 ND						
	3 Suicide Suic										
COMPLETED	(Graden Gray	YSICIAN: To the best of my known them: On the basis of examination									
M M	296. SIGNATURE AND TITLE OF CERTIF	M W			D324	MBER 53	29d. DATE SIGNED (Noning Day, Year)				
٩	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Typ)	34 Par	on MICC	ed 1	heem	(MO			
	31. DATE FILE (NOV). 8" YOU!	32. BEGISTHAR'S, SIG	MATOR MANGE	•							

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH !	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	H		BEG NO

REGISTRAN		<u> </u>	OAIL	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HEG. NO	·-		
1. DECEDENT'S NAME (First, Middle, Linst)	THOMAS	JR.				2. DATE OF DEATH	DAY	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
705099710f	1 PM 2 F	YRS.	MONTHS DA	WS HOURS	MIN.	(Month, Day, Year)		Country)	
9a. FACILITY NAME (If not institution, give st	meet and number)	1	9h CITY TO	WN OR LOCAT	ION OF DE	4/22/09	9c COI	MARY INTY OF DEA	
GOOD SAMARITAN H									
RESIDENCE OF DECEDENT	OSPITAL		BAL	TIMORE					
10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR L	OCATION				10	d. INSIDE CITY
MD.		BA	LTIMO	RE				1	LIMITS?
10e. STREET AND NUMBER				101. ZIP COD	E		10g. CIT	TIZEN OF WHA	AT COUNTRY?
1331 GLENWOOD AV	Έ.			2123	39		U	.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE		13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yon, Puerto Rican, etc.)	s or No-	14. RACE -	American Indian, Vhita, etc.
1 Never Married 2 Amarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 X NO				Specify: BLAC	
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S			V	16b. KIND OF BI	JSINESS/IN		
(Specify only highest grade		(Give kind of w	rork done durir e retired.)	ng most of work	Ing	340-1.347_1911			
Elementary/Secondary (0-12)	College (1-4 or 5+)	RET. PO	STAL V	VORKER		POST	OFFI	CE	
17. FATNER'S NAME (First, Middle, Last)				10 1100	MEDIE MA	ME (First, Middle, Maide	n Sumana'		
The second secon				111111111111111111111111111111111111111					
GEORGE THOMAS SR						MAY SAMPS			
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To			0
MRS. ANNIE THOMAS						BALTIMORE,		2123	-;
20a. METNOD OF DISPOSITION 1	oval from State	other place)	NTION (Name	of cemetery, cre	matory or	20c. L	OCATION -	- City or Town	, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 7	57-90	22. NAI	ME AND ADDRI	ESS OF FA	CILITY			
Y Januarel	Della	ee_		ATE AN	ATOMY	BOARD, E	BALTO	., MD.	21201
IMMEDIATE CAUSE (Finei diseese or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO (OR A	A CONSEQUENCE OF	F):	Carà	MOM	na			Onset and Death
that initiated events resulting in death) LAST	due to (on a	S A CONSEQUENCE OF	r):						
DART II ONLY of the second			CAN DE CO	4.1					
PART II. Other significent condition	_ /	but not resulting i	in the unde	riving cause	given in		N AUTOPSY ORMED?	6	WALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF	DEATH (Ch	eck only one)			
1 YES 2 NO	HOSPITAL:	urtpetient 3 DOA	OTHER:	Home 5 🗆 F	Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28a. DATE OF INJUR (Month, Day, Yea		E OF 28	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e, PLACE OF INJU- building, etc. (S	RY — At home, farm, a pecify)				281. LOCATION (Street City or Town, State		er or Rural Roo	rte Number,
(Critical Critis)	ICIAN: To the best of my kn								-4
2 MEDICAL EXAMINE	R: On the basis of axamine	eron amu/or investigatio	m, m my opin						
296. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. Life	CENSE NUI	MBER	29d. D/	ATE SIGNEO (I	fonth, Day, Year)
30. NAME AND ADDRESS OF FERSON WH	COMPLETED CAUSE OF	OEATN (ITEM 27) (Types		unani	Tan	HOSPI	50		
31. DATE FILEO (Month, Dey, Year)	32. REGISTRAR'S S		LA	/ / 		1104/1	-14.		

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

/ 22 JU CIII	
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
. SINIL	CERTIFICATE OF REATH

4 DECEMENTS MALE														
1. DECEDENT'S NAME (First,									MONT	OF DEATH	AY	YEAR	3. TIME OF DEA	
Eric		MICHAEL			aylo				5	4		90	9:05	P
4. SOCIAL SECURITY NUMBER	ER	5. SEX 1 M 2 F	6. AGE (In yrs	. last birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont)	OF BIRTH		6. BIRTH Count		Foreign
Se. FACILITY NAME (If not ins					9b. CITY	, TOWN O			ATH		9c. COU	NTY OF D	DEATH	
Francis Scot		Medical	Cente	r		Ba	alti	more			L			
10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCATI	ION						10d. INSIDE CIT	Υ
Maryland				Ва	ltim	ore							LIMITS?	NO
10e. STREET AND NUMBER						101.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
6212 Alumor	e Way						212	24			U	.S.A		
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO II yes, specify Cuben, Mexicen, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year II yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 ☑ YES 2 ☑ NO Specify:												
	EDENT'S EDUC highest grade			Give kind of life. Do NOT u	work done	during mos		ng	16b	. KIND OF BU	SINESS/IN	DUSTRY		
17. FATHER'S NAME (First, Mi	iddle, Last)									Middle, Maider				
Trent M. Ta	ylor						Lu	z E.	Rod	rigue	Z			
19a. INFORMANT'S NAME (7)	rpe/Print)									ber, City or Tov				
Luz E. Rodr	uguez			6212	Alu	more	Way	- B	alti	more,	MD.	2122	24	
20e. METHOD OF DISPOSITI 1 ☑ Buriel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from Stata	oth	er place) /90 Oa			netery, crer	matory or		300,000	CATION —		own, State	
	SIGNATURE OF FUNERAL SERVICE LICENSEE						ID ADDRE	SS OF FA	CILITY					
Walter Dabrowski Funeral Chapel 1005 Dundalk Ave., Baltimore, Md. 21224														
													Onset s	na ve
disease or condition resulting in death) Sequentially list condit! If any, leading to immediate	ions,	b	O (OR AS A CO	NSEOUENCE (F):	IDROM	E						Onset s	nd De
resulting in death)	diete NG ery	DUE TO	OR AS A CO	NSEOUENCE (OF): OF):	IDROM	F						Onset s	па ре
resulting in death) Sequentially list condit! If any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuit that initiated events	diete NG Hry	DUE TO DUE TO DUE TO	O (OR AS A CO)	NSEQUENCE (OF): OF):			given in	Part i.	24e. WAS AI PERFO	RMED?	24	b. WERE AUTOPSY AMAILABLE PRIK COMPLETION O OF DEATH? 1 YES 2	FINDING TO
Sequentially list conditi if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuntat initiated events resulting in death) LAS	tions, diete NG IVI	DUE TO DUE TO DUE TO	O (OR AS A CO)	NSEQUENCE (OF): OF):	nderiyinq	g ceuse		_	PERFO	RMED?	24	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	FINDING TO
Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS PART II. Other significations.	tions, diete NG IVI	DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE (OTHE	nderiying 26. PL	g ceuse	DEATH (Ch	neck anly a	PERFO	RMED?	24	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	FINDING TO
Sequentially list condition if any, leading to immercause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations. 25. WAS CASE REFERRED TO EXAMINER?	tions, diete NG IVI	DUE TO DUE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but r	NSEQUENCE (NSEQUENCE (NSEQUENCE (not resulting	OTHE	nderlying 28. PL :R: praing Hom	ACE OF (DEATH (Ch	neck only o	PERFO	RMED? 2 NO		b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	FINDING TO
Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Notural 5	tions, diete NG IVI	DUE TO C. DUE TO d. HOSPITAL: 1 □ Inpatient 2	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but r	NSEQUENCE (NSEQUENCE (NSEQUENCE (not resulting	OTHE	26. PL FR: praing Hom 26. INJ	ACE OF (DEATH (Ch	neck only o	PERFO	RMED? 2 NO		b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	FINDING TO
Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injurate initiated events resulting in death) LAS PART II. Other significations are supported by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the	ons, diete NG IVI T T T T T T T T T T T T T T T T T T	DUE TO DUE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but r	NSEQUENCE C NSEQUENCE C NSEQUENCE C not resulting nt 3 □ DOA 28b. Til	OTHE 4 Nu	28. PL FR: rating Hom 26c. INJ WO 1	ACE OF C	DEATH (Ch	8 Oth	PERFO	RMED? 2 NO INJURY OF	CCURED	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?	FINDING TO
Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 3 Suicide 6 4 Homicide	T T T T T T T T T T T T T T T T T T T	DUE TO DUE TO	O (OR AS A CO) O (OR	NSEOUENCE C NSEOUENCE C NSEOUENCE C NSEOUENCE C TO T resulting At home, farm, Je, death occur	OTHE 4 Number of Market	26. Pt.:Ft::raing Hom 26c. INJ 26ctory, officetime, date	ACE OF (DEATH (Cr.	eeck only of 6 Oth 28d, DE 28d, DE 26t, LO	PERFO YES TO Specify) SCRIBE HOW CATION (Street or or Town, State	RMED? 2 NO INJURY OC end Number	or or Rural	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDING TO STORY
Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMMER? 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide	ons, diete NG iny T int condition on MEOICAL Pending investigation Could not be determined	DUE TO DUE TO	O (OR AS A CO) O (OR	NSEOUENCE C NSEOUENCE C NSEOUENCE C NSEOUENCE C TO T resulting At home, farm, Je, death occur	OTHE 4 Number of Market	26. Pt.:Ft::raing Hom 26c. INJ 26ctory, officetime, date	ACE OF (ACE OF (BO 5 AT BRK? YES 2 (BO end place Beath occul Beath occul	DEATH (Cr.	s Oth 28d. DB 28t. LO C/h	PERFO YES TO Specify) SCRIBE HOW CATION (Street or or Town, State	RMED? 2 NO INJURY Or end Number b)	or or Rural ated. TE SIGNE	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2 Route Number, (e) and manner as	FINDIN F CAUS
Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuntat initiated events resulting in death) LAS PART II. Other significs 25. WAS CASE REFERRED TO EXAMINER? 27. WANNER OF DEATH 1 Natural 5 0 27. MANNER OF DEATH 1 Natural 5 0 28. SIGNATURE AND TITLE 295. SIGNATURE AND TITLE	ons, diete NG NG NG NG NG NG NG NG NG NG NG NG NG	DUE TO DUE TO C. DUE TO d. DUE TO d. Secontributing to 1 Inpetient 2 26e, DATE 0 (Month, 10) 26e, PLACE building Class to the best of the basis of the b	O (OR AS A CO) O (OR	NSEQUENCE C NSEQU	OTHE 4 Nu ME OF JUNY M street, tec	26. Pt.:Ft::raing Hom 26c. INJ 26ctory, officetime, date	.ACE OF (le 5 R URY AT NRK? YES 2 (e end place leath occur	DEATH (Chitesidence NO No No No No No No No No No No No No No	s Oth 28d. DB 28t. LO C/h	PERFO YES TO Specify) SCRIBE HOW CATION (Street or or Town, State	RMED? 2 NO INJURY Or end Number b)	or or Rural ated. TE SIGNE	b. WERE AUTOPSY ARALABLE PRIC COMPLETION O OF DEATH? 1 YES 2	FINDIN F CAUS
Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injurnational interest of the condition of the condi	ons, diete NG III III III III III III III III III	DUE TO DUE TO C. DUE TO d. DUE TO d. Secontributing to 1 Inpetient 2 26e, DATE 0 (Month, 10) 26e, PLACE building Class to the best of the basis of the b	O (OR AS A CO) O (OR	NSEQUENCE CONSEQUENCE CONSEQUE	OTHE 4 Nu ME OF JUNY M street, tec	26. PL FR: raing Hom 26c. INJ wotory, office	COUSE ACE OF (LOS 5 R TRIK? YES 2 (LOS 10 LIC COUSE CO	DEATH (Chilesidence NO	6 Oth 28d. DE 26t. LO City to the co	PERFO YES TO Specify) SCRIBE HOW CATION (Street or Town, State Busse(e) and me e end priece, or	RMED? 2 NO INJURY Of end Number as stond due to 129d. DA	eted. TE SIGNE	b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH? 1 YES 2 Route Number, (e) and manner as	FINDIN PROPERTY OF CAUSE

OHMH-16 Rev 1/89

Tenne to the second tenne to the second tenne to the second tenne to the second tenne tenn

The state of the s

È	e ret	2	2
ιî	ay b	pag	Pe
BALLIMOHE, MA	irs after death. Page 6 may be ret	ctor,	nust
ž	age	dire	-
Ę	h. F	era	F
A	deal	fer fer	exa
n	after	y the	Eal
	23	d mi	9
1		pan	E .
		aly il	5
ć	With	plete	ent
4	ted	com	5
3	поек	and high	atie
<	be e	ian in	aum.
5	ate	TySic noi	5
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ortific	In ph	othe
2	th co	endi	6
	dea	B att	5
מ	the	S S	Ē
Ę	that	d be	any
3	ires	Sign	1
Ū	requ	Peen	Sho
_	MP	as b	23
₹	The	ate h	E
>	AN	riffic	10
_	YSIC	S Ce	D,
2	H	THE P	arke
5	DING	Afte	E
2	TEN	DA.	00
>	A AT	RECT	E
5	07	107	1 te
	PITA	ERA	1.1
	HOS	FUN	AN
	물	물	OR I
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 she such airly to the formation or removal	IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not

FOR STATE REGISTRAR

ORI

1. DECEDENT'S NAM

1

DIRECTOR

FUNERAL

BY

COMPLETED

0 Pe

76 BE notified

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

ained by the hospital or attending physician, hould be detached for use as the burial-train

RYLAND 21203-3146

						9	10 125
	STATE OF I	MARYLAND / DEPA CERTI	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO.		
E (First, Middle, Last) ENZIA	P.	upsh	eR		2. DATE OF DEATH DO 3	AY YEAR	3. TIME OF DEATH
-2547	5. SEX	8. AGE (In yrs. last birthda 71 YRS	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 Ppu	OTHPLACE (State or Foreintry) COTQIA
Secono DECEDENT	treet and number)	osp	BaLti	MORE C	ath ty	9c. COUNTY OF	DEATH
10b. COUNTY	,	10c. C	SALTI	nore			10d. INSIDE CITY LIMITS? 1 TES 2 N
WI LAN	unle:	5+	10	21216	,	10g. CITIZEN OF	S,A,
2 Married Divorced		IT EVER IN U.S. ARMED YES 2 PRO NAR OR DATES	If yes, s	CENDENT OF HISPAN pecity Cuben, Maxica S 2 NO Specify	NC ORIGIN? (Specity Yea n, Puario Rican, atc.) y:	or No— 14. RA Bit	CE — American Indian, ack, Whita, atc.
5. DECEDENT'S EDUC			'S USUAL OCCUPATI		16b. KIND OF BUS	SINESS/INDUSTRY	

4. SOCIAL SECURITY Forelan 90. FACILITY NAME (RESIDENCE OF CITY marylan □ NO 10a. STREET AND NU 11. MARITAL STATUS 3 Widowed 4 (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Legt) 18. MOTHER'S NAME (First, Middle, Malden Surname) 196 MAILING ADDRESS (St 20a. METHOD OF DISPOSITION
1 Description 2 Cremation 3 Re 20h. PLACE OF DISPOSITION 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 2222 W. 23. PART I. Enter the diagraes, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** Cardiopeano anos mure disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING Malmiritir CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ng Homa 5 🗆 Raaldence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the 2 MEDICAL EXAMINER: On the stigation, in my opinion, death occurred at 29b. SIGNATURE AND 29d. DATE OF NEW (MONTO) Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Service Service

as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
idle, Last)		2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	W.	l	Jtz	2	DATE OF DEATH MONTH	190 YE	AR 3. TIME OF DEATH 9 42 P M		
er	4. SOCIAL SECURITY NUMBER 215-10-5636 9a. FACILITY NAME (If not institution, give a Union Memoria	1 X M 2 F 78	in yrs. lest birthdey) F Moi	Н	TE OF BIRTH S. BIRTHPLACE (Stete or Foreign Country) 1 y 28,1911					
TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Maryland 10e. STREET AND NUMBER 3945 Wilsby Ave. 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 yr's 17. FATHER'S NAME (First, Middle, Last) Edward 19e. INFORMANT'S NAME (Type/Print) Mr. Richard J. U 20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA CATION Completed) College (1-4 or 5+) F. Ut TZ Proval from Stata	Bal N U.S. ARMED 2 (X) NO ATES 16e. DECEDENT'S USI (Ghe kind of work life. Do NOT use in BUS D TZ 19b. MAILING AD 296 E	13. WAS DEC If yea, april 1 VES UAL OCCUPATIC done during monthined.) PRESS (Street e 1 Vista ON (Name of cent Cahted)	City ZIP CODE 21218 ENDENT OF HISPANIC Loting Cuben, Maxican, For a working 18. MOTHER'S NAME Estell and Number or Rural Rough Dr. Harrington, Cremetory, or al 5/10/ ID ADDRESS OF FACIL	ORIGIN? (Specify Yespurio Ricen, etc.) 16b. KIND OF BU (First, Middle, Melden, a te Number, City or You 100ver, Pe 20c. LC B	Ward Ward 7331 or Town, State re, Md. 21214			
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Carl Land Carl									
TO BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	- Hoem		rint)	29c. LICENSE NUMB		>	IGNED (Month, Day, Year)		
	Daniel R 16. 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		ing to	u st FS	03 Bc	1 hino	wa hD 21201		

DHMH-16 Rev 1/89

hospital or attending physician

retained by the

2

Раде 6 тау

after death.

executed within

BOX 13146,

P.O.

RECORDS.

OF VITAL

DIVISION

DR ATTENDING PHYSICIAN: The law requires that the

HOSPITAL

분분을

23

IMPORTANT: II

MARYLAND 21203-3146

BALTIMORE,

burial

pe must examiner medical the event. traumatic other 10 shows any 23 tem ö marked, death 99 DIRECTOR: / 28 item 2 FUNERAL D

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Vialla MARIE MAY 1990 02:10 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 10/19/05 DAYS HOURS MIN. 217-56-9131 84 1 M 2 France 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE MARYIAND ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD 1 YES 2 XXO Pasadena FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 406 Georgia Avenue France 21122 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES X IF YES, GIVE WAR OR DATES XXNO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 WD Specify: 1 Never Married 2 Married white BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (i-4 or 5+) unknown cook domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jean Rat Marie Meunier 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Marie Pound 519 Stamford Road/Balto. MD 21229 20c. LOCATION — City or Town, Stata 20a. METHOD OF DISPOSITION 1 Duriel 2 X Aremation 20b. PLACE OF DISPOSITION (Name of cemetary, cremetory or mation 3 - Re Greenmount Crematory 4 Donation 5 Other (Specify) Baltimore 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sterling Ashton Funeral Home, Roland tec 736 Edmondson Ave/Balto. MD Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Interval Between shock, or heart fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final evelo Vareular Jude disease or condition SNUE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO tient 2 - ER/Outpetient 3 - DOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be ED 4 Homicide Щ 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the beels of exami tion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTURES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Vamoeus 21684 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1600 CRAIN HIGHWAY, SW GLEN BURNIE MD M.D. CHACKUMKAI CYRIAC Stilia Davidson-Rondall 8 1990

1.1.1.1 60

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the missing death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3146,	ecuted wi	nd comple burial, cre	atic ever
BOX	cate be ex	e prior to	er traum
0	ith certifi	tending t	or oth
os, i	the dea	y the att	inlury,
COR	quires that	n signed by Health ar	ows any
2	law rec	as been Jept. of	23 sh
MIA	AN: The	State [r Item
OF	HYSICIA	his cert	ked, o
NO ON	DING P	After the	s marl
	ATTEN	RECTOR:	ш 28 ∣
5	TAL OF	VAL DIF	It ite
	HOSPI	FUNER	TANT
	TO THE	TO THE be filed	IMPOR

MAY 8 1990

Julia Devident

FOR STATE REGISTRAF	ł		STATE OF !			RTMENT OF				MENTAL HYGIEN REG. NO.	E		1 2 0 0 0	
1. DECEDENT'S NA	ME (First,	Middle, Last)				1 1				2. DATE OF DEATN			3. TIME OF DEATN	
Home:	r S	amuel	Walden	Sr.		11/4	.lx)EI)	MONTH 1 9	V IC	90	1915 M	
4. SOCIAL SECURI	TY NUMB	ER	5. SEX	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF DIRTH	, , ,	B BIRTH	IPLACE (State or Foreign	
404-1			1 XM 2 - F		69 YRS.								Kentucky	
90. FACILITY NAMI Peninsul						Salis				EATN		OMIC		
			nospital			balls	Dul	у, п			""	JOHLE		
RESIDENCE C	OF DEC	10b. COUNTY	1		10c, CIT	TY, TOWN OR L	OCATI	ON			10d. INSIDE CITY			
Mo	d.	S	omerset		Marion							LIMITS?		
10e, STREET AND	100. STREET AND NUMBER P.O. BOX 142							ZIP CODE	_	10g. CITIZEN OF WN				
P.O.									1838	}	log. or	USA	THAT GOOD THAT	
11. MARITAL STATU		3.12	12. WAS DECEDEN	T EVED IN 11 C	ADMED	42 1/20	OFCE							
1 Never Married 3 Wildowed 4	2 2		FORCES?	X YES 2	NO	If ye	s, spe		, Mexica	Mexican, Puerto Rican, etc.)			E — American Indian, k, White, etc.	
	15 DEC	EDENT'S EDU	CATION 180 DECEDENT'S			HOUSE COOLERS			101 VIND OF BUILD	DALEGO (IN	White			
	pecify only	y highest grade	completed)		(Give kind of file. Do NOT u	3 USUAL OCCUPATION work done during most of working use retired.)		160. KIND OF BUS	SINESS/IN	IESS/INOUSTRY				
Elementery/Sec	ondery (0	1-12)	College [1-4 or 5	+)										
7+h	E (Elect M	liddle Leet)			Sheet	- Meta	W			ME (First, Middle, Maiden	0			
John	Sh	erman	Walden					Le	ona	Klontz				
190. INFORMANT'S HOMer T										Route Number, City or Tow BAltimore			20	
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 12 Phurlal 2 Cremation 3 Removal from State 1 Phurlal 2 Cremation 3 Removal from State 1 Phurlal 2 Cremation 3 Removal from State 1 Ph								CATION — City or Town, State					
21. SIGNATURE OF			ENSEE					D ADDRES	S OF FA					
Con	nel	lly F	undo	1 Ha	me					calHome 300)MAC	eAve.	21221	
23. PART I. Ento should should be sh	ck, or h USE (Fir dition	esrt fellure.	List only one car	use on each	line.	not enter the				h se cerdisc or reapi	ratory a	rreat,	Approximate interval Between Onset and Desti	
Sequentially its if any, leading to couse. Enter UP CAUSE (Disease that initiated ex- resulting in das	o imme NDERLY e or inju	diete ING Iry	b	OR AS A COL	NSEQUENCE (OF):								
PART II. Other			s contributing to			in the unde			iven in	Part I. 24s. WAS AN PERFOR	RMEO?	248	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REF EXAMINER?		D MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF O	ATN (C)	eck only one)				
1 YES 2			1 Inpatient 2			4 - Nursing	Nome	5 Re	sidence	8 Other (Specify)				
1 Natural	5 🗌	Pending Investigation	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TH	JURY	WOI	URY AT RK? ES 2	NO	28d. DESCRIBE NOW	NJURY O	CCURED		
2 Accident 3 Suicide 4 Homicide	6 🗌	Could not be determined	26e. PLACE (of INJURY — / etc. (Specify)	At home, farm,	street, factory,	office		-	28f. LOCATION (Street City or Town, State)		er of Rural	Route Number,	
29e. CERTIFIER (Check only one)										to the cause(a) and ma				
2			\sim	AMMINATION ON	wor investigati	iori, in my opin	ion, de	anth occur	es at the	time, date and place, ar	a due to	ine cause(e) and menner es stated.	
29b. SIGNATURE A	ND TITLE	OF CERTIFIE	peli					29c. LICE	NSE NU	MBER 7/2	29d. DA	TE SIGNE	(Monthy Day, Year)	
30. NAME AND AN			COMPLETED CAL				1	05	110	Price.	96	ul	I Rate	
9/1	- 1	MIC	- var	MAG	1161	Ze		-	1	7	-	7	11.60	

90	12	5	9	1
	1 400	0		4

	FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTA	L HYGIEN	E	, 0	12337
	1, DECEDENT'S NAME (First, Middle, Last) Edna			Was	hingtor	1	MONT	of OEATH H 4-90	Y YE	AR .	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2 323943	5. SEX 1 M 2 M	AGE (In yrs. las	t birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAY		(Morn	OF BIRTH th, Day, Year)		country)	E (State or Foreign
стов	9a. FACILITY NAME (If not institution, give s 1015 N. Carey S					n or Location of altimore			9c. COUNTY		
DIRECT	10a, STATE 10b, COUNT	A		1	Y, TOWN OR LO					- 1	INSIDE CITY LIMITS?
	10. STREET AND NUMBER	54 S-		1/2//		10f. ZIP CODE	,		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11, MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	IS. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify: Specify:									
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life.) 16b. KIND OF BUSINESS/INOUSTRY					20		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	BINSON	/	W/V/	EMA	T	NAME (First,	Middle, Melden	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print)	BINSO	✓ 19	b. MAILING	ADDRESS (Stre	et and Number or Run	Poute Num	BALT	n, State, Zip Cod		117
	20s. METHOD OF DISPOSITION 1	oval from State	other pl	face)	SITION (Name of	cemetery, crematory of		20c. LO	CATION — City ALZU	or Town, S	Ma
	11. SIGNATURE OF FUNERAL SERVICE LI	Russ			22 NAMI	ano address of	100 i	S FU	Nern E. BAI	15.10	121216
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications that of List only one cause	caused tha de e on each line	eath. Do	not entar tha	moda of dying, se	uch as car	diac or reapi	ratory arrest,		Approximata interval Between Onset and Death
	disease or condition reaulting in death)	el	SCLETOT			ascular d	iseas	se			
LION	Sequantially list conditions, if any, leading to immediate	b	OR AS A CONSE	OUENCE O	F):						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants reaulting in death) LAST	C. DUE TO (C	OR AS A CONSE	OUENCE O	F):						
AL CE	PART II. Other significant condition		eath but not	resuiting	in the underf	ying cause given	in Part i.	24s. WAS AN PERFOR			E AUTOPSY FINDINGS LABLE PRIOR TO
: MEDIC	Chronic ethano	l abuse						1 TYES 2		DF 0	PLETION OF CAUSE DEATH? YES XX NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF GEATH (Check only o	one)			
HASI	1 XX ES 2 ☐ NO 27. MANNER OF DEATH	1 Inpetient 2 1		26b. TIA	4 - Nursing I	tome 5 XXesidenc			NJURY OCCUR	ED.	
BY PI	XXXetural 5 Pending Investigation	(Month, Day	(Year)	IN.	M 1	INJURY AT WORK? YES 2 NO					Alverton
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, at	tc. (Specify)	, iaiii,	aneon, rectory, t		Ch	y or Town, State)	and Number or F	- TOUR	number,
COMPLETED	WEDICAL EXAMIN	ER: On the basis of axa								use(s) and	manner as stated.
TO BE	29b. SGNATURE AND TIME OF CERTIFIE	~				29c. LICENSE N	_		≥ 5-	4-90	
-	James Kaplan,MD	CARROLE ME TO SE		111 E	enn St	reet,Balt	imore	e,MD 21	L201		VC
	31. DATE FILED (Month, Day, Year) MAY 8 1990	32. REGISTRAR	'S SIGNATURE	A.							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filed in by the funeral director, page 5 should be detached for use as the burian be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
MARY (ORETTA	WEGER			MONTH		106.20 44	
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	06	BIRTHPLACE (State or Foreign	
214-01-6617	1 M 2 XF	85 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-11-		Maryland	
9a. FACILITY NAME (If not institution, give str	reet and number)		CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
GREATER BALTIMORE	MEDICAL CE	NTER		TOWSON		B/	ALTIMORE	
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOC	ATION			10d. INSIDE CITY	
	ALTIMORE	Mo		TUSSEL			1 YES 2 NO	
14935 Manon Rd	TC		1	01. ZIP CODE			S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13. WAS DE		IIC ORIGIN? (Specify		. A. A. American Indian,	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Yes 2 No Specify: White								
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a, OECEDENT'S US (Give kind of work	UAL OCCUPAT	TION	16b. KIND OF E	USINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)					
10 yrs		Homemake	r					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)		
John M	1	Schneide	r	The	resa M	. S	pickenreuther	
19a. INFORMANT'S NAME (Type/Print)					Poute Number, City or 1		ode)	
Mr. J. Richard We	eger	14935	Manor	Rd. Mon	kton, Md.	21111		
20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	208 ovel from State	other place)	ON (Name of c	emetery, cremetory or	20c.	LOCATION - CIT	The state of the s	
4 Donation 5 Dother (Specify) Holy Redeemer 5/9/90 Baltimore, Md.								
21. SIGNATURE OF TUNERAL SERVICE LICENSEE PAUL L. HARTSOCK, JR. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214								
+aul Lh	atrock 1	h	100	nard J	Puck Inc	5305	Harford Rd.	
23. PART I. Enter the diseases, or c	omplications that couse	the deeth. Do not						
shock, or heart fallure. I	list only one ceuse on a	ech lina.					Interval Between Onset and Death	
IMMEDIATE CAUSE (Finel disease or condition		SEPTIC S	TROKE	& DEHYDR	ATION			
resulting in deeth)		CONSEQUENCE OF):	THORL	a beillok	7(110)(
Sequentially list conditions, if eny, laeding to immediate	DUE TO (OR AS	CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	A							
that initiated events	DUE TO (OR AS	CONSEQUENCE OF):						
resulting in death) LAST	1							
PART ii. Other significant conditions	s contributing to death it	out not resulting in i	the underly	ng ceuse given in	Part I. 24e WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
				and desired great to	PERI	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		•			1 YES	2 NO	OF DEATH?	
					— I		1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (C)				
EXAMINER?	HOSPITAL:		THER:					
1 TYES 2 NO	1 Inpetient 2 ER/Out	28b. TIME C		ome 5 Realdence	8 U Other (Specify) 28d, DESCRIBE HO	W IN ILIBY OCCU	PED	
1 Naturel 5 Pending	(Month, Day, Year)	INJUR	Υ \	YORK?	28d. DESCRIBE NO	W MOONT OCCO	nev	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — At home, farm, atre			28f. LOCATION (Stre	et and Number or	Rural Route Number,	
4 Homicide S Could not be	building, etc. (Spe	clfy)			City or Town, St.		That is to be to the training	
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	dadas danth assure 4	nd dha diwa	to and place and f	to the course to be a			
Check only							cause(a) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	1, ,			29c, LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
7 landondo	1 000	50				D 5	16/90	
30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pr	int)				7/10	
E1 7045EE11			ĺ	V EC CT	TOUGON	MD 040	0.4	
31, DATE FILED MACHINO Day, Year)	UCAS MD	ATURE	LHAI	(117.71	TOWSON	MD 212	11/4	
MAT 8 1990	Filis Davidson	-Aandelle						

ENDING P	4	is after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING PHYS	FUNERAL DIRECTOR: After this	ied within 72 hours after death with	PORTANT: If Item 28 is marked
THE HOSF	THE FUNE	fied withir	PORTANT

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF OEATH		3.	TIME OF DEATH	
		Florence M		WINTER	LING	iday 6, 19		YEAR 7	:30 A	M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHPLA	CE (State or Foreign	,
	219-26-4189	1 M 2 K F	79 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-17-10		Country)	Md.	
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH		
٣ ا	Franklin Square H	oen					Balti	imore	County	
E I	Franklin Square H						T Daire			
Ä	10a, STATE 10b, COUNTY	•	10c. CITY	, TOWN OR LOC	ATION			100	I. INSIDE CITY LIMITS?	
₽	Md.			Ba1	to.			15	YES 2 NO	
A	10e. STREET AND NUMBER			1	of, ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?	
FUNERAL DIRECTOR	4209 Raspe Aven	ue		21206				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I					a or No- 1	IA. RACE -	American Indien, hile, etc.	
BYF	1 Never Married 2 Married	FORCES? 1 YES			S 2 X NO Specify				Vhite	
	3 Wildowed 4 Divorced	ļ								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT vork done during ri e retired.)	TION nost of working	16b. KIND OF BU	JSINESS/INDU	STRY		- 1
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)						
P P	10		Homemak	er						
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	Surname)			
BE	John T. Biggerm	an			Amanda	a Grabarek				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zip (Code)		
٩	Mary L. Madary		4209	Raspe	Ave. Balt	o., Md. 2	1206			
	20a. METHOD OF DISPOSITION	20			emetery, crematory or	- v	OCATION — C	ity or Town,	State	
- 1	1/\(\) Burial 2 \(\) Cremation 3 \(\) Ramo 4 \(\) Donation 5 \(\) Other (Specify)	oval from State		art of	Jesus Cen	n. Ba	1to.,	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC		aorea ne	22. NAME	AND ADDRESS OF FA	CILITY				
		1 -1/-	32		C. Miller					
	22-PART I. Enter the diseases or o	masy	2			i. Balto.,				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Obsesse or injury that initiated events resulting in death) LAST	Coronary Artery Disease Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence or): Generalized Atherosclerotic Vascular Disease Due to (or as a consequence or):								eath
ö	DART II Oshan significant condition		h			Book I as amos				
SAL	PART II. Other aignificant condition	_	out not reauting	in the underly	ing cause given in	Part I. 24s. WAS A PERFO	RMED?	AM	RE AUTOPSY FINDI ALABLE PRIOR TO MPLETION OF CAUS	
ă	<u>Diabetes Melli</u>					1 TES	2 NO		DEATH?	, L
×	<u>Infected Ische</u>	ille Right Fo	101					1 {	YES 2 NO	
ä										
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
S	1 TYES 2 THO	1/5 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing He	ome 5 🗆 Residence	6 🗆 Other (Specify)				
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		NJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED		
BY	1 Netural 5 Pending Investigation	(,,,			YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, fectory, of	fice	281. LOCATION (Stree		or Rural Rout	e Number,	
COMPLETED	4 Homicide determined	building, etc. (ape	scry)			City or Town, Stat	9)			
iy	29s. CERTIFIER 1 X CERTIFYING PHYSI	ICIAN: To the best of my know	wledge death conve	ad at the time d	the and place, and dur	to the sever(s) and m		vi.		
₹	(Check drily	ER: On the basis of examination							vi mannar aa stata	4
8		-		, iii iiiy opiiioii						-
B	296. SIGNATURE AND TITLE OF CERTIFIE	" ST.D	11-	MA	29c. LICENSE NU		29d, DATE	SIGNED (M	onth, Day, Year)	
2	1 elec 1	· Jour	une	1-1,10	<u> </u>)2539		> /4	190	
-	30. NAME AND ADDRESS OF PERSON WH									
	Peter Golueke,		Frankli	n Squar	e Drive	21	237			
	31/ 144 FILED (Month, Myles) Gu	the waterdown by the	ATORE							

90

12600

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

REGISTRAR					11 10		IF DEA			REG. NO.			
1. DECEDENT'S NAME (First, Mid	dle, Last)								2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
A. Margaret					Waq:	ner			5	5		90	11:46 A M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (h	n yrs. last birthd	ny) IF	UNDER 1 YEA		R 24 HRS.		OF BIRTH			PLACE (State or Foreign
216-34-7911		1 🗆 M 2 🔲 F	88	YA	B. MOI	THS DAY	8 HOURS	MIN.			02	Country	
9a. FACILITY NAME (If not Institut		eet and number)	00		9b	Pb. CITY, TOWN OR LOCATION OF DEATH 0c. COUNTY OF DEATH							
Unit Blk.	M O	ctond St	root			Pal	timor	o Ci	+ 37				
RESIDENCE OF DECED	ENT	stella st	Teer			Dal	CINOL	e C1	Ly				
10a. STATE 10b	. COUNTY			10c.	CITY, TO	OWN OR LO	CATION						10d. INSIDE CITY LIMITS?
Md.				Ва	alt.	o.Ci	ty, Mo	d.					1 YES 2 NO
10e. STREET AND NUMBER							10f. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
1306 S.Hanc	ver	St.					21:	230			1	USA	
11. MARITAL STATUS		12. WAS DECEDEN				13. WAS	DECENDENT , specify Cub	OF HISPAI	NIC ORIGIN	17 (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
1 Never Married 2 Men 3 Widowed 4 Divorced		IF YES, GIVE V					YES 2 X NO			riican, evc.)		Specif	ly:
													White
15. DECEDE (Specify only high	NT'S EDUC hest grade	ATION completed)		16e. DECEDEN	of work	done during	ATION most of work	ing	16b	. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)		College (1-4 or 5	+)	IIIB, DO NO		-							
5th.Grade					No	ne							_
17. FATHER'S NAME (First, Middle	, Last)						16. MO	THER'S NA	ME (First, i	Middle, Malden	Sumame)		
Joseph			Wagi										0
19a. INFORMANT'S NAME (Type/I	Print)			19b. MAII	JNG AD	DRESS (Str	eet and Numbe	er or Rural	Floute Num	ber, City or Tow	n, State, Zip	Code)	
Mrs.Janice	Jone	28		793	32	Roxb	urv I	or G	len	Rurn	ie Mo	1 2	1061
20e. METHOD OF DISPOSITION	3 Bemr	noni from State	20b.	PLACE OF DIS	POSITIO	ON (Name o	f cometery, cre	matory or		20c. LO	CATION — C	Ity or To	wn, State
1- Buriel 2 Cremation :			_ 1	1967	Io1	y Re	deem	er C	emt	Ba	I to .	nd.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Answer of Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY													
Balto.Md.21230													
MCCU11y funeral Home.130 E.Fort Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or readiratory errest. Approximate													
		ist only one car			70 1100	arrea trie	mode of d	ymg, auc	AI 88 COI	uiec or reap	natory and	Jet,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition													Onset and Death
resulting in death)		Arter				ardic	vascu	lar (dise	ase			
DUE TO (OR AS A CONSEQUENCE OF):													
Sequentially list conditions		DIE TO	/OD AC A	W=1900V	E OF								
If any, leading to immediat	e	DUE TO	OR AS A	CONSEQUENC	E OF):								
If any, leading to immediat cause, Entar UNDERLYING CAUSE (Disease or injury	e			CONSEQUENC									
If any, leading to immediat cause. Entar UNDERLYING	e			W=1900V									
If any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	e			CONSEQUENC									
If any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	{	DUE TO	OR AS A	CONSEQUENC	E OF):	he under	lying cause	given in	Part I.	24a. WAS AN		246	WERE AUTOPSY FINDINGS
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	DUE TO	OR AS A	CONSEQUENC	E OF):	he under	lying cause	given in	Part I.	PERFO	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	DUE TO	OR AS A	CONSEQUENC	E OF):	he under	lying cause	given in	Part I.		RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	DUE TO	OR AS A	CONSEQUENC	E OF):	he under	lying cause	given in	Part I.	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	condition	DUE TO	OR AS A	CONSEQUENC	E OF):		lying cause			PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	condition	DUE TO	O (OR AS A	CONSEQUENCE	ing in t	2 THER:	6. PLACE OF	DEATH (C	heck only o	PERFORM 1 TO YES :	TION		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	condition	DUE TO	O (OR AS A	CONSEQUENCE	ing In 1	2 THER:	6. PLACE OF Home 5 1 1	DEATH (C	heck only o	PERFORM 1 TO YES :	CTION	ET	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant of the standard of the	condition	DUE TO i. a contributing to HOSPITAL: 1 Inpatient 2	O (OR AS A	CONSEQUENCE	ing in t	2 THER: Nursing F 28c	6. PLACE OF Home 5 1 1 . INJURY AT WORK?	DEATH (C)	heck only o	PERFO	CTION	ET	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II, Other significant of the cause of the ca	e Condition	DUE TO 1. a contributing to HOSPITAL: 1 Inpatient 2 25e. DATE O (Month, i	D (OR AS A	CONSEQUENCE CONSEQUENCE ut npt result	Ing In 1	THER: Nursing F 28c Y M 1	6. PLACE OF Home 5 1 1 INJURY AT WORK? YES 2	DEATH (C)	6X XOItw 28d. DE	PERFOIL 1 VES : INSPE	STRE	ET	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the signif	e Condition	DUE TO DUE TO	D (OR AS A	CONSEQUENCE ut not result patient 3 December 296.	Ing In 1	THER: Nursing F 28c Y M 1	6. PLACE OF Home 5 1 1 INJURY AT WORK? YES 2	DEATH (C)	6XXOttw 28d. DE	PERFO	STRE INJURY OCC	ET	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	EDICAL.	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, inputient)	ER/Outp	consequence ut not resulti	ing in t	22 THER: Nursing FF 28cc Y M 1	6. PLACE OF Home 5 1 INJURY AT WORK? YES 2	DEATH (CI	SYXOther 28d. DE	INSPE	STRE	ETI CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	EDICAL ding estigation old not be remined	HOSPITAL: 1 Inpatient 2 28e. DACE building	D (OR AS A D desth bit ER/Outp F INJURY Day, Year) OF INJURY OF INJURY	consequence ut npt resulti	ing in 1 Time of injury	2 THER: Nursing F 28c Y M 1 et, factory,	6. PLACE OF Home 5 1 NUPLY AT WORK? YES 2 office	DEATH (C)	5 Cothe 28d. DE 28f. LOC	INSPE	STRE and Number	ET CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	EDICAL ding estigation old not be remined	HOSPITAL: 1 Inpatient 2 28e. DACE building	D (OR AS A D desth bit ER/Outp F INJURY Day, Year) OF INJURY OF INJURY	consequence ut npt resulti	ing in 1 Time of injury	2 THER: Nursing F 28c Y M 1 et, factory,	6. PLACE OF Home 5 1 NUPLY AT WORK? YES 2 office	DEATH (C)	5 Cothe 28d. DE 28f. LOC	INSPE	STRE and Number	ET CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	e ding estigation and not be ermined	DUE TO DUE TO Contributing to CONTRIBUTION DUE TO	D (OR AS A D desth bit ER/Outp F INJURY Day, Year) OF INJURY OF INJURY	consequence ut npt resulti	ing in 1 Time of injury	2 THER: Nursing F 28c Y M 1 et, factory,	6. PLACE OF Home 5 1INJURY AT WORK? YES 2 office date end place	DEATH (C)	5XXOthe 28d. DE 28f. LOC	INSPE	STRE INJURY OCC	ETT CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediat cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen Investigation of the Inv	e ding estigation and not be ermined	DUE TO DUE TO Contributing to CONTRIBUTION DUE TO	D (OR AS A D desth bit ER/Outp F INJURY Day, Year) OF INJURY OF INJURY	consequence ut npt resulti	ing in 1 Time of injury	2 THER: Nursing F 28c Y M 1 et, factory,	6. PLACE OF Home 5 1 NJURY AT WORK? YES 2 office date end place on, death occ	DEATH (C) Residence NO no no, end du ured at the	5XXOthe 28d. DE 28f. LOC	INSPE	STRE INJURY OCC	ET CURED or Rural I	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated.
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pen Investigation of the Inv	econdition EDICAL Iding estigation old not be sermined HYSI EXAMINE	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, including to the best of the basis of	D (OR AS A D death bit D death bit D ER/Outp F INJURY Doy, Year) OF INJURY OF INJURY OF INJURY examination	consequence ut not resulti ut not resulti and or investi	OA 4 TIME 0 INJUR	2ETHER: Nursing FF 28cy M 1 et, factory, at the time, in my opinion	6. PLACE OF Home 5 1 NJURY AT WORK? YES 2 office date end place on, death occ	DEATH (C) Residence NO No	5XXOthe 28d. DE 28f. LOC	INSPE	STRE INJURY OCC	ET CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	EDICAL Iding etigetion old not be ermined EXAMINETERSON WHEETING	HOSPITAL: 1 Inputent 2 28e. DATE O (Month, incomplete building) CIAN: To the best of the building of the build	ER/Outp	consequence ut not resulti ut not resulti atient 3 Do 29b. —At home, fa	OA 4 TIME C INJURY	2ETHER: Nursing FF 28cy M 1 et, factory, at the time, in my opinion	6. PLACE OF Home 5 1 INJURY AT WORK? YES 2 office dete end place on, death occ	DEATH (C) Residence NO Residence NO Residence NO Ce, end du ured at the	5 XOthur 28d. DE 28f. LOCally a to the call time, dath	INSPE	STRE INJURY OCC OCTION STRE INJURY OCC Innur as start Ind due to the 29d. DATA	e cause(e	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated.
If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the ca	EDICAL Inding entigation of the permined entire the permined enti	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, including) CIAN: To the best of the basis of the	D (OR AS A D desth bit of the property of the	consequence ut not resulti ut not resulti atient 3 Do 29b. —At home, fa	Ing In 1 A 4 Time C injury Time G getton, I	2ETHER: Nursing FF 28cy M 1 et, factory, at the time, in my opinion	6. PLACE OF Home 5 1 NJURY AT WORK? YES 2 office date end place on, death occ	DEATH (C) Residence NO Residence NO Residence NO Ce, end du ured at the	5 XOthur 28d. DE 28f. LOCally a to the call time, dath	INSPE	STRE INJURY OCC OCTION STRE INJURY OCC Innur as start Ind due to the 29d. DATA	ET CURED or Rural I	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end menner ee stated.

10031 05

Specific to the second

20

.

And I have

24 8 7

AH	etaine	shou	
ž	y be r	age 5	
분	E	00, p	
5	9 90	rech	
2	Pag	al di	
BALLIMOHE, MAH	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retaine	HE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	L.
10	after	y thu	nova
	5	P P	ren
	01 12	filled	or within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.
	thin	nely	тар
Ď,	M P	igm.	. Cre
3 4	cute	8	urial
	900	an an	30
5	9	Sicial	rior
Ď	heat	phy	ne p
o i	certi	Bug	Varie
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Jeath	aftend	intal H
ń	the	the state	f Me
2	hat	5	and
2	res t	igne	ealth
TI I	equi	en s	of H
T	J ME	s be	out.
4	he k	ha:	d
	N: T	ficati	Stat
>	SICIA	certi	the
Š	PHY	this	with
Z	SING	After	death
N N	TENC	OR:	fler (
5	A	PECT.	E S
5	L 08	Die.	hoe
	PITA	ERAL	20
	HOS	FUNE	withis
	<u>u</u>	뿌	P

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Le CHARLES EUG		CK_				2. DATE OF DEATH DO	AY YEA	3, TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-03-4336A	5. SEX 1 3 M 2 F	6. AGE (In yrs. 84	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	diament Co. to 1	Co	RTHPLACE (State or Foreign buntry) tlanta, Georg
TOR	98. FACILITY NAME (If not Institution, gh Union Memorial RESIDENCE OF DECEDENT	Hospital				on Location of timore	DEATH	9c. COUNTY O	
DIRECTOR	10a. STATE 10b. COU FLORIDA			1	rt Char	lotte, F	la.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1000 Kings Hgwy							U.S.	F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, s		PANIC ORIGIN? (Specify Yellican, Puerto Rican, etc.) cify:	В	ACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)				ION nost of working		SINESS/INDUSTR	
	17. FATHER'S NAME (First, Middle, Last)	Delvices							
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Lillian L.					and Number or Rur	el Route Number, City or Tox Port Charlo	vn, State, Zip Code	
	20e, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)		other	place)	Dak Law	n Ceme ce	ry Ba	eltimore	
	21. SIGNATURE OF FUNERAL SERVICE	Da hour	16:		Wa	AND ADDRESS OF lter Dab 05 Dunda	rowski Fune lk Ave., Ba	eral Cha	apel
z	23. PART I. Enter the disesses, shock, or heert fallu IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)	re. List only one cau	se on each li	ine.		, A. Lihr		piratory srrest,	Approximats Interval Betwee Onset and De
CERTIFICATION	Sequentielly list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	е	(OR AS A CONS	+6					
MEDICAL	PART II. Other significent conditions	tions contributing to	death but no	ot resulting	in the underly	ng ceuse given		RMED?	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER:	PLACE OF DEATH	(Check only one)		
ву рну	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, D		28b. TIM	E OF 28c. I	JURY AT VORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
TED	3 Suicide & Could not 4 Homicide determined	building,	F INJURY — AI etc. (Specify)	home, farm,	street, factory, of	Ice	201. LOCATION (Street City or Town, State		ural Route Number,
COMPLE	onel						due to line cause(s) and ma line lime, data and piece, a		use(s) and menner as stated
TO BE	29b. SONATURE AND TITLE OF CERT	lartu	BE OF PEATH (I	TEM 27) (700	Print)	29c. LICENSE I	NUMBER	29d, DATE SIG	S/9 0 Year)
4	31. DATE FILEO (Month, Day, Year)	actual	AFS.SIGNATURE	Unio		Mal	Huspital		
	MAY 8 199	10	Hason-R	indell			•		

The report of the contract of

DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMONE, MANILAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.
IMPORTANT: I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIENE REG. NO.	
	1. OECEOENT'S NAME (First, Middle, Last) ROSA	LEE		RMSTRON		2. DATE OF DEATH MONTH DAY 5	YEAR 90 7 00 A M
	4. SOCIAL SECURITY NUMBER 212-46-5671		yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	5 B. BIRTNPLACE (State or Foreign Country) N. C.
OR	9a. FACILITY NAME (If not institution, give str 2829 THE ALAMEDA	eet and number)			OR LOCATION OF I	DEATH 90	c. COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAL TIMOR	E, CIT	Υ	10d. INSIDE CITY LIMITS? 1 X YES 2 \(\sum \) NO
FUNERAL	100. STREET AND NUMBER 2829 THE ALA	ME D A		.1	212		09. CITIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, s	CENDENT OF HISPA pecify Cuban, Maxie S 2 1 NO Spec	ANIC ORIGIN? (Specify Yea or can, Puerto Rican, atc.)	
COMPLETED	1s. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 9 th GRADE		ille. Do NOT us	work done during n	ION ost of working	16b. KIND OF BUSINE	:SS/INOUSTRY
	17. FATNER'S NAME (First, Middle, Lest) ENOCH SPENCE	•	18. MOTHER'S N	AME (First, Middle, Maiden Surr SALOWRY	name)		
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Cit							
	20a. METNOO OF OISPOSITION 1 XBuriel 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)		PLACE OF DISPOS OAKGRO	VE CE	emetery, crematory or METERY	ELIZA	ABETH CITY, NC.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Wane				FUNERAL HOME	NORTH AVENUE 21202
CAL CERTIFICATION	23. PART i. Enter the diseases, or c shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	ACUTE OF AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE O	70'Ry 1 en: eos 15 ⁶ en:	FAILURE	n Pert I. 24a. WAS AN AUT PERFORME	Interval Between Onset and Death Onset and Dea
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (1 YES AV	OF DEATH?
YSIC	1 YES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Output		OTHER: 4 Nursing Ho	me 5 X Rasidenc	e 8 ☐ Other (Specify)	
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day Mear)	28b. Tile	A M 1	YES 2 10	28d. OE\$CRIBE NOW IRJI	A
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, famil,	NA	len	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
COMPLETED	CONSTRUCTION OF THE STREET	CIAN: To the best of my knowledge. R: On the basis of axamination					r as stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	1. 1800	m/	m.N.	D25	995 2	9d. DATE SIGNEO (MORTH, Day, Year) ▶ 5 - 7 - 90
F	3100 WYA	AN YAR	K D	DIVE!	BALT	IMORE, M	10. 21211
	MAY 9 1990	32. RECOTTON AND AND AND AND AND AND AND AND AND AN	house				

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	_		MENTAL HYGIEI			
1. DECEDENT'S NAME (First, Middle, Last)	. / 1				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
Jo			Bros		05 - 6	06 - 9	10 2:20 PM	
4. SOCIAL SECURITY NUMBER			THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
232 - 30 - 1160 98. FACILITY NAME (If not institution, give s		,	OUTY TOWN	OR LOCATION OF DE	03-30-		N.C,	
Bon Secour Hosp		96.	Bal		EATH	9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT	, .		υαι					
10a. STATE 10b. COUNTY		1 -	WN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
Md.		Ba	lto.				1 X YES 2 NO	
100. STREET AND NUMBER 2119 Westwood Av	/e.	101. ZIP CODE 21216				10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NIC ORIGIN? (Specify Y	ne or No- 14.	. RACE — American Indian, Black, White, etc.	
1 Never Merried 2 Merried 3X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			Sapolly: Black	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	AL OCCUPATION	N.	16b, KIND OF B			
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo	st of working	IOE. KIND OF B	Jamess/MD03	int	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck	Driver	^	Bohag	jer		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide			
William Ambrose				Eliz	a Hi	11		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
Jenette Young		8905 6	Goldeni	tree Lane	e, Balto.,	Md.	21221	
20e. METHOD OF DISPOSITION 1) Burlel 2 Cremetion 3 Rem	oval from State	PLACE OF DISPOSITIO	N (Name of cer	metery, cremetory or	20c. L	OCATION — City	y or Town, State	
4 Donation 5 Other (Specify)		Arbutus				rbutus	. Md.	
21. SIGNATUM OF FUNERAL SERVICE LIC	, Amues	m Je		h F/H We Wabash				
23. PART Inter the diseasee, or			enter the mo	de of dying, suc	ch as cerdlec or res	piratory stream		
IMMEDIATE CAUSE (Final	List only one ceuse on ea						Interval Between Onset and Death	
disease or condition resulting in death)	RUPTURGO	THURACI	C AOR	etic A	NEURYSA	7	10 0145	
	DUE TO (OR AS A	CONSEQUENCE OF):					11/10 6	
Sequentially list conditions,		SCLERUSI.	5				YEARS	
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
CAUSE (Diseese or Injury that initiated events	c DUE TO (OR AS A	CONSEQUENCE OF):						
resulting in death) LAST								
	0.							
PART II. Other significant condition	contributing to deeth b				Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO	
HYPGR7411UN	10000	NARY 76	1377	020113	1 _ YES	2 000	OF DEATH?	
					_		1 TYES 2 THO	
25. WAS CASE REFERRED TO MEDICAL				105 05 051711 (0)	1		<u> </u>	
EXAMINER?	HOSPITAL:		THER:	LACE OF OEATH (C)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	-		8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	REO	
1 Pending	(Month, Dey, Year)	INJURY	WC	YES 2 NO				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, stree	t, factory, offic	•	281. LOCATION (Street	t and Number or	Rural Route Number,	
4 Homicide determined	building, etc. (Spec	ny)			City or Town, Stat	•)		
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred =	t the fime. date	and place, and thus	to the cause(a) and m	enner se sisted		
one)							cause(a) and manner ea stated.	
296. SIGNATURE AND TITLE OF PERTIFIE	0	/		29c. LICENSE NU			BIGNED (Month, Day, Year)	
Karls	Korensons	Ms		031		> <	12/90	
30. NAME AND ADDRESS OF PERSON WH	//					10 1	200	
CHARLES RO 31. DATE FILED (4/90/1) JOAY, YOUT)	32. REGISTRAR'S SIGN	MD. 70	00 9	JAIN A CA	byon BC	17 6	SALTU MO	
MAY 9 199	O Jula Berroso	n-Mandall						

girl E

|--|

MAY 9 1990

32. REGISTRAR'S SIGNATURE

	FOR 1 STATE		STATE OF I	MARYLAND .	/ DEPAR	RTMENT	OF H	EALTH	AND I	MEN	TAL H	YGIEN	E			1 4	
	REGISTRAR			С	ERTIF	ICATE	OF	DEA	ГН			G. NO.					
	1. DECEDENT'S NAME (First, Kenr		lo	seph	Δ (+	hoff				M	OATE OF D	D/		YEAR		E OF OEA	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. is		IF UNDER 1	VEAR	IF UNDER	24 HBS	-	May ATE OF B	L		990		18 A (State or Fi	
			1 XM 2 - F			YRS. MONTHS D		HOURS	MIN.	(1	Month, Day	(bar)	laan	Count	(ער	/lanc	_
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH						-	rianic	4			
S.	St. Joseph's Hospital					Tov	vso	n					Е	Baltii	mor	e	
ומ	RESIDENCE OF DEC	γ		10c. CIT	Y, TOWN OR	LOCAT	ION							10d. II	NSIDE CIT	γ	
DIRECTOR	Maryland	imore			imoni										IMITS? YES 2 V		
	10e. STREET AND NUMBER					101. ZIP CODE 10g. CITIZEN OF WHAT COU											
FUNERAL	2420 Chetw	vood C	Circle Ap	t. 104		21093 USA											
FU	11. MARITAL STATUS Never Married 2	Married	12. WAS DECEOE! FORCES?	T EVER IN U.S. A	RMED NO				OF HISPAN				or No-	14. RAC Blac	E Am k, White	hite	lan,
ВУ	3 Wildowed 4 Divo		IF YES, GIVE	MAR OR DATES				2 NO						Spec	etty: VI	nite	
		EDENT'S EDU		18a. D	ECEDENT'S	USUAL OCC	UPATIO	ON			16b. KINI	OF BU	SINESS/INI	DUSTRY			
LET	Elementary/Secondary (0		College (1-4 or 5	+)		work done du se retired.)	ang ano	ST OF WORKI	ng .			NL/	Α.				
COMPLETED						N/A						N /.					
BE CO	17. FATHER'S NAME (First, M. Joseph				16. MOT					Maiden Surname) Goddard							
70	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Way: M. Goddard same as 10e.																
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) New Cathedral Cemetery Balto., Md.																
	21. SIGNATURE OF FUNERA	L SERVICE LI	Willel	-04K	Sum	22. N	AME AL	ND ADDRE	ss of FA	CILITY	I-Wie	dof	ماط				
	>		Martin D	. Laws	dn				, Mo				ciu				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):																
CERTIFICATION	Sequentisity list conditions, if any, isading to immediate couse. Enter UNDERLYING CALLSE (Disease or Injury) CALLSE (Disease or Injury)																
ШE	thet initiated evants resulting in death) LAST																
CER		d															
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO									CAUSE							
AN	25. WAS CASE REFERRED T	O MEDICAL					28. PI	LACE OF (DEATH (Ch	eck o	nly one)						
SIC	EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:															
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)					ME OF JURY M	WC	JURY AT ORK? YES 2 [_ NO	28d	I. DESCRI	BE HOW	NJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined																
COMPLET	one) 4		ICIAN: To the best of												(a) and r	menner aa	stated,
ш	29b. SIMATURE AND TITLE				0	4	35		ENSE NU							n, Day, Ybar	
TO B	Burgh Brumsely M.D.																
-	George		10 COMPLETED CAI NSCHUB,		EM (Typ		00	N.	Rolli	ng	Ro	ad					

Conservated Poner
(Apobous Loquence

as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH						
	EMORY ARSCOT	Γ			11/04	7,199	1 10.018			
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)		NRTHPLACE (State or Foreign country)			
212-10-5307 9e. FACILITY NAME (If not institution, give	1 X M 2 F 92		a. CITY. TOWN OF	LOCATION OF DE	March 30,	1895	Maryland			
Greater Baltimor	e Medical Cent		_	wson		Balt				
10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION	N			10d. INSIDE CITY			
	timore	Со	ckeysvi			LIMITS? 1 YES 2 X NO				
300 Internationa	l Circle		101.	21030		10g. CITIZEN OF WHAT COUNTRY?				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian, Black, White, atc.			
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	Z _ NO		NO Specify:	, Puerto Rican, etc.)		Specify: White			
15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S US	done during mos		16b. KIND OF BUS					
Elementary/Secondary (0-12) 8 Years	College (1-4 or 5+)	ille. Do NOT use re			Bai	nk				
17. FATHER'S NAME (First, Middle, Last)	-	Cour	161	18. MOTHER'S NAM	AE (First, Middle, Maiden					
George Franklin	Arscott			Amelia	Elizabet	Lever	ring			
19e. INFORMANT'S NAME (Type/Print)	0 -1				oute Number, City or Town					
Marie Slaysman,		300 Int			cle, Cocke	VSVIIIE CATION — CHY				
1 Description 1 Description 2 Temperature 1 Description 2 Other (Specify)	moval from State	other place)	Park Ce				ore, Maryland			
21. SIGNATURE OF FUNERAL SERVICE		=00.0011	22. NAME ANI	ADDRESS OF FAC	edefeld H	ome Ir	oc nary rene			
James F. Bu	rnside, Jr.		650	O York F	Rd. Balti	more, N	Md. 21212			
	disease or condition resulting in death) Due To (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due To (or as a consequence of): Due To (or as a consequence of):									
PART II. Other significant condition	ons contributing to death b	ut not resulting in t	tha undarlying	cause given in i	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AN			
25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Che	ock only one)					
1 TYES 2 NO	HOSPITAL: 1 Diffipation: 2 ER/Outp		THER:	8 - Residence	8 Other (Specify)					
27, MANNER OF DEATH 1 Natural 5 Pending	28e, DATE OF INJURY (Modiff, Dyly, Year)	26b. TIME O	Y WOF	K?	28d. DESCRIBE HOW I	NJURY OCCUR	ED /			
2 Accident investigation	280 PLACE OF IN HIRV	At home form stre	M 1 V	S 27 NO	281. LOCATION (Street	1 37 B	edroom.			
4 Homicide 6 Could not b	building, etc. (Spec	ily)	ne_	- 1	City or Town, State)	Inter	1. Tanal Perch			
29e. CERTIFIER 1 CERTIFYING PHY			at the time, date	and place, and due	to the cause(s) and mai		10×1 /2/19/18			
Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIF	TER	20		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)			
Modes	Anon	nelle	w	0-09.	383	·m.	24811990			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)							
31. DATE FILED (MOOTH), Day, Yar)	32. REGISTBAR'S SIGN	TOTAL PR								

permit. Pages 1, 2, 3 should

burial-transit

notified at once.

pe

must

or other traumatic event, the medical examiner

Item 23 shows any injury,

is marked, death with

IMPORTANT: If Item 28

뿔 THE 223

PHYSICIAN: 0

BY

COMPLETED

BE

9

this certificate has been with the State Dept. of

een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR; After within 72 hours after death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH :50 Fall 19 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 212-28-2916 10-07-12 77 S.C. 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE, BON SECOUR CITY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD BALTIMORE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10/ 7IP CODE 10g, CITIZEN OF WHAT COUNTRY? E. MADISON ST. APT 209 1400 21202 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 1 TYES 2 THE Specify Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ontary/Secondary (6 College (1-4 or 5+) 6th BEAUTICIAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) WILLIE DIXON MINNIE STEVENSON 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARDEN JOHNSON 1710 Ε. LANVALE ST. BALTO, MD. 21213 20b. PLACE OF DISPOSITION (Name of cemetery, crematory of METHOD OF DISPOSITION Burlel 2 Cremetion 20c. LOCATION - City or Town, State 1 \(\) Buriel 2 \(\) Cremation 3 \(\) Removal from State 4 \(\) Donation 5 \(\) Other (Specify) BACTIMORE CEMETERY BALTO. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH A 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUE that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	Н	OSPITAL:	□ DOA		26. PLACE DF DEATH (Check only one) THER: Nursing Home 5 Residence 8 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not		28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, ferm,	street, fac	tory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. (Check only one)

2 Examiner. On the basis of examination end/or investigation, in my op-	inion, death occurred at the time, date end place, e	nd due to the cause(e) end menner se stated.
196. SIGNATABLE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

LETED CAUSE, OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second of the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIE OI MAI			OF DEATH	MENTA	REG. NO.	•		
	1. DECEDENT'S NAME (First, Middle, Last)	10					OF DEATH	,	YEAR	3. TIME OF DEATH
	CONTRACTOR LANDING	ABE	LL BOST	ICK		5	5/5/90 YEAR			12:05 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. lest birthd		1		OF BIRTH		6. BIRTHP	LACE (State or Foreign
	218-05-7658	1 💢 M 2 🗆 F	77 YR:	S. MONTHS	DAYS HOURS MIN.	12	12/12	2	o o o miny	N.C.
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN OR LOCATION OF	DEATH		9c. COUN	ITY OF DE	ATH
5	CHURCH HOSPITA	L CORPOR	ATION	ON BALTIMORE CITY						
Í	10a. STATE 10b. COUNTY	Y	10c.	CITY, TOWN OF	LOCATION		-			10d. INSIDE CITY LIMITS?
5	MD.		B	ALTIMO	ORE CITY					TY YES 2 NO
FRAL	1734 E. 30TH S	твеет		0	101. ZIP CODE 2121	8		10g. CITIZ	ZEN OF WI	USA
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Black, White, etc.)						American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OC	CUPATION	18b	. KIND OF BUSE	NESS/IND	USTRY	
إيت	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NO	or work done di T use retired.)	uring most of worlding					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	4th GRADE	THE PARTY OF THE P				GF	RAY CO	NCRI	ETE	PIPE CO.
5	17. FATHER'S NAME (First, Middle, Last)						Middle, Maiden S	iumame)		
	PLEASEANT BO	STICK			CORA	COLE				
HE I	19e. INFORMANT'S NAME (Type/Print)				(Street and Number or Run					
2	ROSA LEE JACO	BS	17	34 E.	30th ST	. B A	ALTO,	MD.	212	18
	20s. METHOD OF DISPOSITION 1 □XBurlel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE OF DIS	L V A R Y	CEMETER	Ý			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE			IAME AND ADDRESS OF					,
	► 200 de	4200	(-)	WM	. C. MAR	CH F.	.н. 11	01	E. N	ORTH AVE
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
5		d								-
MEDICAL	PART II. Other significant condition	ns contributing to dea	nth but not resulti	ng in the un	the underlying ceuse given in Part i. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO					WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		T								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (Check only o	ne)			
2	1 TES 21 NO	1 Inpatient 2 ER		A 4 Nurs	ing Home 5 🗌 Residence	_				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,)		28b. TIME OF 1NJURY AT WORK? 1 YES 2 NO 28d. DES					CURED	
TED BY	2 Accident arresingation 3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, fa (Specify)	- At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)					oute Number,	
COMPLETED	(one)	ER: On the best of my								end manner ee stated.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	e-atte	er, p	4)	29c. LICENSE N	172	5	29d. DAT	E SIGNED	(Month, Day, Year)
	Sabah A. Al.	O COMPLETEO CAUSE O	, no,	Chu	DR. SAL	HOSE	L-ABT	AR, n	M.D er-e	MD
	31. DATE FILED (Month, Day, Year) MAY 9 1990	fully Davidson	SIGNATURE And All			11-1-1-1	-72			

=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Are after death. Page 6 may be retained by the respiral or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	M. BRE	WINGT			2. DATE OF DEATH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 4/1-40-9953		In yrs. lest birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Monthy Day, Year)		BIRTHPLACE (State or Foreign Country) I ENNESSEE				
۳	9a. FACILITY NAME (If not institution, give st	hEU House		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, Md 9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT					3//4						
E	10a, STATE 10b, COUNTY			OWN OR LOCAT FIMORE			10d. INSIDE CITY LIMITS? 1 XXVES 2 \(\text{NO} \) NO					
	MARYLAND 100. STREET AND NUMBER		DAL	10f.	OF WHAT COUNTRY?							
ER/	4800 YELLOWOOD A	VENUE, APT.	509		U.S	.A.						
BY FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:								
0 8	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	IAL OCCUPATIO	M	16b. KIND OF BU	EINESS INUIS	BLACK				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mostired.)	st of working	2024111007		NDUSTRIES				
릴	12th Grade		SMALLWAR	E SUPER	VISOR	GOOD	MILL I	MD03 IRIES				
	17. FATHER'S NAME (First, Middle, Last)	LA CATE			15777	ME (First, Middle, Maide FORTA JO	Surname) HNSON					
8	OSCAR TE 19a. INFORMANT'S NAME (Type/Print)	AGUE	19b. MAILING AD	DRESS (Street a		Route Number, City or To		cia)				
임	MRS. PATRICIA A.	1	8772 A	TREV RE	TNK LANI	E COLUMBI						
	20s. METHOD OF DISPOSITION	20b	PLACE OF DISPOSITION other place)	ON (Name of cen	or GARRY S	20c. L	OCATION - CIN	or Town, Steta				
	4 Donation 5 Dither (Specify)		IARYLAND V	ET. CEN	1.FOREST	DA	LTIMOR	E, CO. MD.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE		NUTTE NUTTE	ER FUNER	AL HOMES,	INC.	21216				
	Coment Ki	TEmy, A						TIMORE, MD.				
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that caused List only one cause on e		enter tha mo	da of dying, suc	th me cardiac or res	olratory scress	Interval Between				
	IMMEDIATE CAUSE (Finel diageoe or condition resulting in death) Onset and Death Onset and Death Onset and Death Onset and Death											
	DUE TO (OR AS A CONSEQUENCE OF): - METACTATIO. CALLER OF THE BUILDET											
CERTIFICATION	Sequentially list conditions, our TO (OR AS A CONSEQUENCE OF):											
S	CAUSE, Enter UNDERLYING CAUSE (Disease or injury											
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CE		3										
CAL	PART II. Other significant condition			tha undarlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	RENLL INSU	1/1/2/ENC/				2 NO	OF DEATH?					
N.	17 PCRY GNSIC	,,			1 YES 2 NO							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	neck only one)						
VSIC	1 TYES ZY NO	HOSPITAL: 1 Inpatient 2 ER/Outp				V		CE.				
PH	27, MANNER OF OEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	266. TIME C	Y WO	RIC?	28d. DESCRIBE HOW	INJURY OCCUP	REO				
ВХ	Accident Investigation	28e. PLACE OF INJURY	/ — Al home, farm, stre		res 2 NO	261, LOCATION (Street and Number or Rural Route Number,						
品	4 Homicide determined	building, atc. (Spec	clfy)			City or Town, Stat	0)					
COMPLETED	one)	ICIAN: To the best of my know						cause(a) and menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIES				29c, LICENSE NU			HGNED (Month, Day, Year)				
BE (IM Jum Dans	mo			2224	00	1 5	15/90				
2	30. NAME AND ADDRESS OF PERSON WY	O COMPLETED CAUSE OF DE			497	-	,					
	L.M. TUMAKA	OY, M.D.	: 820 NO	EUT	WSI.	· BAHO.	MO.	21201				
	MAY 9 1990	J. Day Com	A HELDE		7							

noton Mi

a man in the second of the sec

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 moons after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	OF DEATH		WEAR	3. TIME OF DEATH
	EMILY	L			BARNES	5	05			1990	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		6. BIRTI- Counti	IPLACE (State or Foreign
	212-16-0945-D	1 □ M 2XXF	76	YRS.	MONTHS DAYS	HOURI MIN.		2, 191	L3		land
_	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN	OR LOCATION OF DE		-		INTY OF D	EATH
DIRECTOR	Liberty Medical (Center			Balti	more					
Ĕ.	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
ā	Maryland			Ba	ltimore	:					1 📉 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 1738 North Calhou			1		U.S.			WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED VES 2 NO AR OR DATES 13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexicen, 1 YES 2 NO Specify:					n, Puerto Ricen, etc.) Black, Wi			
8	15. DECEDENT'S EDU		18a. DE	CEDENT'S	USUAL OCCUPAT	ION	16b.	KIND OF BU	SINESS/IN	DUSTRY	Black
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gr	Do NOT u	work done during n se retired.)	nost of working					
4				Iomen	aker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, M	iddle, Malden	Sumame)		
BEC	Eugene O. Johnso	n				Lillian	n Gan	t			
10 B	19e, INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	end Number or Rural	Route Numb	er, City or Tow	n, State, Z	ip Code)	
F	Lillian Barnes Jo	nes	3	3621	Coronad	o Road I	Balti	more,	Mary	yland	21207
	20s. METHOD OF DISPOSITION 11 Buriel 2 Cremetion 3 Rem	oval from State	other ple	lece)		emetery, crematory or		20c. LO	CATION -	- City or To	own, State
	4 Donetion 5 Other (Specify)		Maryla	ind l		Cemetery	,	La	urel,	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				AND ADDRESS OF FA		me r	NO	21.2	1.6
	the lost	E. Mi	then			ER FUNERA GWYNNS F					
	23. PART I. Enter the diseases, or										Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Sud.	Len C		lice !	Seath					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): BUE TO (OR AS A CONSEQUENCE OF): BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AL	PART II. Other algnificent condition	ns contributing to	deeth but not r	eeulting	in the underly	ng cause given in	Part i.	24s. WAS AN		241	. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
DICAL								1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME							1				1 - YES 2 - NO
PHYSICIAN: ME											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C/	heck only on)			
S	1 TES 2 THO		☐ ER/Outpatient 3	1 00A		ome 5 🗆 Residence	6 🗆 Other	(Specify)			
PH	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	28b. TI		NJURY AT YORK?	28d. DE\$	CRIBE HOW	INJURY O	CCUREO	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO					
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE building	OF INJURY At he j, etc. (Specify)	me, farm,	street, factory, of	lice		ATION (Street or Town, State		er or Rural	Route Number,
'n	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, de	ath occur	red at the time, de	ite end place, end du	e to the cau	se(e) end me	nner ee st	ated.	
MF	coet only										e) end menner as stated.
	256. SIGNATURE AND TITLE OF CERTIFIE	n e				29c, LICENSE NU	MRCD		204 D4	TE SIGNE	O (Month/Day, Year)
B	Was C	0	1	770	What Pa	De Libertoe No	> 200	171	> 0.00	5 /	7/91
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CA	USE OF OEATH (ITE	M 27) (Typ	Print)	AVC L	1,06	/ سو		~	1/10
5411 Old Freducit Pt, Belto Md, 21279 Ai									ALA	NRI	= consir m
	31. DATE FILED (Month, Day, Year) MAY 0 100	- / /	au don-Ac	ndelle	3	(

notified at

must be

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

resulting in death)

that initiated events resulting in death) LAST

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

29b. SIGNATURE AND TITLE OF CERTIFIER

ر	92	ĕ	62
Σ	ž	9	ě
	4	63	흏
-	Seat	5	2
à	M	日日	-
_	=	NE NE	ca
	-12	5 8	Pe
		2 9	E
	20	量员	the
_	5	S E	-
5	*	2 5	ē
1	8	al S	5
2	2	PA	#c
-	8	2 0	E
5	2	o da	3
2	ate	No.	7
ш.	tific	and and	8
j	93	in S	0
	5	The H	0
-	dea	ent at	Ξ,
0	2	E E	를
2	at	3 4	À
5	#	を草	2
5	ije	Sign	\$
Ū	90	6	9
Ľ	×	전 등	3
Ţ	60	200	12
4	E	ate	en
5	AN	Liffic S S	-
	100	F 6	
5	¥	SE E	Ced
-	65	10	Pel
5	N.	Aft	-
ž	EN	E 20	=
"	A	5 10	2
DIVISION OF VITAL RECORDS, F.C. BOX 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n
2	7	7 7	=
	E C	S.	-
	SS	UN ithi	3
	I	W F	H
	E	王皇	0
	2	28	E

	FOR STATE REGISTRAR	. <u>.</u>	STATE OF MAR					EALTH AND I		IYGIENE REG. NO.			3 12	0 1
	1. DECEDENT'S NAME (First,	ert	1	L. Ulme	er		2. DATE OF MONTH	DEATH DAY	6	YEAR	3. TIME OF DEA	тн м		
	203 - 69.	880		NGE (In yrs. les	In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, War) YRS. MONTHS DAYS HOURS MIN. (Month, Day, War) MIN. (Month, Day, War) MIN.			ly, Year)	8. BIRTHPLACE (State or Foreign Country)			preign		
OR	90. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital							r location of de timore	ATH		9c. COU	NTY OF D	EATH	
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Marvland					y, TOWN OR		ION					10d. INSIDE CITY LIMITS? XX YES 2	
	10e. STREET AND NUMBER 220 Stoney Run Lane						101. ZIP CODE 10g. C					USA		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.				MED							, White, atc.	lan,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(G	(Give kind of work done during most of working life. Do NOT use retired.)						nlehem Steel Corp.			
BE COM	12 4 man 17. FATHER'S NAME (First, Middle, Leat) O. Emmons Burch					agemei	16. MOTHER'S NAME (First, Middle, Meiden Surname) Clara Ulmer						ser oor	•
TO B	190. INFORMANT'S NAME (Ty) Max E. Blum		1					d St. Ba				p Code)		
	1 Durisi 25 Cremation 3 Removal from State other place				ace)			etery Co	•			sport	wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							ell-Wied York Rd.				•		П
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fine disease or condition	est feilure.	complications that ca List only one cause	on each line								rest,	Approximinterval E	Between

PART ii. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

VES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 □ Nursing Home 6 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending investigation 1 YES 2 NO __ Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, Sity or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

102 REGISTRAR'S SIGNATURE DAME MAY 9 1990

MI

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

COPD

29d. DATE SIONED (Month, Day, Year)

19

II o Ji

with the state of the state of

- -

4. 76. 5

90.85

with the second property of the second secon

4 4 1

			FOR STATE REGISTRAR	STATE OF MARYL	CE	RTIFIC	CATE	OF DEA		ENTAL HYGIEN REG. NO					
	ñ	,	t. DECEDENT'S HAME (First, Middle, Lest)	Lillian Vo	llwe	iler	Bauer			2. DATE OF DEATH DO	AY J	YEAR 90	3. TIME OF	DEATH	
11			4. SOCIAL SECURITY HUMBER 143-26-2031	5. SEX 6. AGE	(In yrs. lest		IF UNDER 1 YE		R 24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-6-189	7	Country)	Jerse	e or Foreign	
	3 should	æ	90. FACILITY NAME (If not institution, give s Saint Joseph's H	give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							TY OF DE				
	1, 2,	DIRECTOR	RESIDENCE OF DECEDENT								Dai				
	iit. Pages			imore		10c. CITY, TOWN OR LOCATION TOWSON							10d. INSIDE LIMITS 1 YES	57	
	physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	305 E. Joppa Roa	d Apt. 501				101. ZIP COT				U.S.A	HAT COUHT A .	TRY?	
21203-3146	the the	BY FUN	11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR ON E	2 N		If ye		an, Mexican,	C ORIGIH? (Specify Ye Puerto Rican, etc.)	s or Ho—		- America White, etc.		
03-	r attendi	ED	15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	EOENT'S U	SUAL OCCU	PATIOH g most of work	ing	16b. KIHD OF BU	SIHESS/IHD	USTRY			
	spital o	COMPLET	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	1		retired.) Worke			Medica	a1/ H	ospit	al		
₹ .	by the	TO BE COM	17. FATHER'S HAME (First, Middle, Last) Herman D. Vollweiler Magdelena												
AB	5 should notified		196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stete, Zip Code) William Bauer, Jr. 21 Rainflower Path, Sparks, Maryland 2115									150			
	y be		William Bauer, J		_			of cometery, cre			rylan				
IORE	ge 6 may irector, pa		1 Burial 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other ple	CB)	nt Ce	metery	V	Ва	altim			land	
BALTIMORE,	ter death. Page 6 may be the funeral director, page wal.		John G. Reit	12.9	Raty	7	Mi		L-Wied	urv defeld Hor . Baltimor		aryla	and 2	1212	
ш	d in by the or removal		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or raepiratory arrest, ehock, or heert failure. List only one cause on each line. Approximate interval Between												
	fille on,		disease or condition resulting in death) Onset and Decorate Respect of the control of the contr												
46,	completely fal. cremati		DUE TO (OR AS A CONSEQUENCE OF):												
X 13146,	execution and to bur to bur	ATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING												
O. BOX	he death certificate be execut the attending physician and c Mental Hygiene prior to buria ljury, or other traumatic	CERTIFICATION	CAUSE. (Disease or Injury that initiated eventa resulting in deeth) LAST												
٥.	death e atten lental i		PART II. Other eignificent condition	d.	had mad a	andton to	Ab- med-	Adam assess	alum in F	Part I. 24a, WAS A	AL ALITHONOUS	1 000		OPSY FINDING	
RDS	T de th	MEDICAL	PART II. Other eignincent condition	ne contributing to death	but not n	sauting it	the under	rlying cause	given in r		RMED?		AVAILABLE	PRIOR TO ON OF CAUSE	
RECORD	w requires that seem signed pt. of Health 3 Shows and									_			1 🗌 YES		
	The law refer that be ate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (Chec	ck only one)					
VITAL		SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpetient 3		OTHER: 4 - Nursing	Home 5 🗆 I	Residence (Other (Specify)					
OF	PHYSICIAN: this certifica with the St rked, or It	PH	27. MAHHER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME INJU	RY	c. INJURY AT WORK?		28d. DEŞCRIBE HOW	INJURY OC	CURED			
		BY	1 Hetural 5 Pending 2 Accident Investigation	28e. PLACE OF INJUR	W At ho	6		YES 2		DAY I CONTION (Com-	and Museline	an Durat O	anda Alemania		
DIVISION	TTEN TOR: after	COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	ecify)	rred, restrii, SE	iver, ractory,	Office		26f. LOCATION (Street City or Town, State	end rumber)	or nuriti Pi	pure HUMDE	ν,	
1	DIRE	IPLE	Check only	ICIAN: To the best of my kno	wiedge, de	ath occurred	f at the time	, date end plac	ce, and due t	to the cause(s) end me	enner es stat	ied.			
	HOSPITAL FUNERAL WITHIN 72 P	00		ER: On the basis of examinati	on and/or i	nvestigation	, in my opin								
	- UL 5 F		29b. SIGNATURE AND TITLE OF CERTIFIE	R .				1 296 11	CENSE NUM	RER	29d DAT	E SIGNEO	(Month Day	/ Want)	

JOSEPH

KUMAR

	į
13146,	The same of the same
. BOX	
O. T.	
RECORDS	* ** * * * * * * * * * * * * * * * * * *
VITAL	-
OF V	
DIVISION	the state of the s
ā	1

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			1	ERTIFICATE	O	F DEAT	ГН		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAI	HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last) NYETTE BRA	NN M	YRTLE BR	EBB ANN		2. DATE MONTH	OF OEATH	ğ	AR	TIME OF DEATH	ρы
	10 00-			UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH Day, Voer)	- (BIRTHPLACE (State or Foreign Country) Virginia		gn
OR		of and number)	9		IMARE ,			BALTIMORE			
DIRECTOR	100. STATE 10b. COUNTY			OWN OR LOCA					I. INSIDE CITY LIMITS? YES 2 1 'NO	,	
FUNERAL	100. STREET AND NUMBER 501 E FRANKL	10	ZIP CODE	01		10g. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried XXWidowed 4 Divorced	If yes, specify Cuben, Mexican, Puerto Rican, etc.)					Black, W	American Indian, hite, atc. White	100		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	16e. DECEDENT'S US (Give kind of work life. Do NOT use r	k done during mo etired.)	KIND OF BUSI		RY		• 4			
MP.	17. FATHER'S NAME (First, Middle, Last)	Homema	aker	16. MOTHER'S NA	ME (First, I	OWN Ho				-	
BE C	Vernon Taylor Web	ob .			Narcis			aa			
0 10	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Numb	ber, City or Town,				
	Effie O'Bryan					ashington,D.C. 20016					
	206. METHOD OF DISPOSITION 1 Description 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF OISPOSITION (Name of cametery, crematory or other place) Cibeon Baptist Church Cemetery Village, Va Programmed Application of Towns of Cametery Village, Va 20c. LOCATION — City or Towns of Cametery Village, Va 20c. LOCATION — City or Towns of Cametery Village, Va 20c. DOCATION — City or Towns of Cametery Village, Va 20c. LOCATION — City or Towns of Cametery City or Towns of Cametery Village, Va 20c. LOCATION — City or Tow										- 1
	Dems 21	Lah.		P.O.	Box 276	Vira	inia (22/173			- 1
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEPSICE CERROLE Approximats interval Between Onset and Death PNEUMONIA PNEUMONIA CERROLE CE										neew
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other significent conditions	contributing to death	but not reaulting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	AM CC OF	ERE AUTOPSY FIND AILABLE PRIOR TO IMPLETION DF CAL DEATH?	JSE
Z Z	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C)						
Ä	27. MANNEB OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN	JURY AT ORK?	7	SCRIBE HOW IN	JURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO		2510	200			
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stro odfy)	et, factory, offi	•	261. LOC City	ATION (Street as or Town, State)	nd Number or i	Rural Rout	e Number,	
COMPLETED	one)	IAN: To the best of my know	on end/or investigation,						suse(s) er	nd manner as stat	led.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	TERANCE	LAMB		29c. LICENSE NU	MBER				onth, Day, Year)	
2	Jeans Start		PUCA-	cint)	U372	03		10	5-9	10	
TERANCE LAMB CHURCH HOSPITAL BALTIMORE MD											_
31. DAT MIAY Modely, Day, 1990 July											

	24 no
3146,	COTAL OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within 24 hou
5	9
O. BO)	certificate b
<u>.</u>	death
S	the
Z	that
SECO.	ractuires
	A SAM
7	Ē
OF VI	PHYSICIAN-
DIVISION OF VITAL RECORDS, P.O. BOX 13146	ATTENDING
\leq	90
	DITAL

TO THE FUNEFALL DIRECTOR A TRANSPORT TO A TRANSPORT TO THE FUNEFALL DIRECTOR AND THE TRANSPORT TO THE FUNEFALL DIRECTOR AND THE TRANSPORT TO THE FUNEFALL DIRECTOR AND THE TRANSPORT TO THE FUNEFALL DIRECTOR AND THE TRANSPORT TO THE FUNEFALL DIRECTOR AND THE TRANSPORT TO THE TRAN
--

	1 - FOR STATE OF MARYLANI 1 - REGISTRAR	D / DEPAR CERTIF				MENTAL HYGI REG.				
	1. OECEOENT'S NAME (First, Middle, Lest) KAY MAX BRODY					2. DATE OF DEATH	DAY	YEAR 990	3. TIME OF DEATH 4' 50 A M	
	041 16 4469 ¹□м²⅓F 85	s. lest birthday) YRS.	IF UNDER 1 1		IF UNDER 24 HRS.	7. DATE OF BIRTH	904	8. BIRTH	PLACE (State or Foreign Necticut	
OR	90. FACILITY NAME (If not Institution, give street and number) Rockville Nursing Home		96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE					Mon	tgomery	
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland Montgomery	10c. CIT	y, town or Ro	ckvi			10d.			
ERAL	10o. STREET AND NUMBER 303 Adclare Road			20850	·	10g. CITIZEN OF WHAT COUNTRY United Sta				
В	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 A Widowed 4 Divorced 12. WAS OECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO NO	ED 13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Cuban, Mexicon, Puerto Rican, a 1 Tyes 2 2 NO Specify:					Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Etementery/Secondary (0-12) 2 years	Give kind of the Do NOT us	work done dui	ring most	of working	18b. KIND OF				
E COMP	17. FATHER'S NAME (First, Middle, Last) Max Sklarinsky	Dales	ales Person Furs 18. MOTHER'S NAME (First, Middle, Meidler Rose Ganzburg					Lall		
TO BE	100. INFORMANT'S NAME (Type/Print) Alan E. Brody	6515	Е. На	1ber	rt Road,	oute Number, City or Bethesd	a, Mar	ylan		
		ropoli	tan C	rema			Alexan	dria	, Virginia	
	Downel M. Strew)	DO 23:	NALI 2 CA	M.STEII	N HEBREW TREET, N	MEMOR	RIAL VASHI	FUNERAL HOME NGTON, D.C.	
CERTIFICATION	23. PART I. Enter tha diaeaeas, or complications that caused the death. Do not enter tha mode of dying, such as cardiec or reepiratory arreat, abock, or heart failure. List only one ceuee on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but in Book On Class processing		resulting in the undariying cause givan in F				S AN AUTOPSY RFORMED?	7 24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ont 3 🗆 DOA	OTHÉR:		S Residence	ack only one) a Other (Specify,				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		JURY M		RY AT IK? ES 2 NO	28d. OESCRIBE H	OW INJURY O	CCURED		
	2 Accessers 3 Suleide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination and								e) and manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER STOCKE W. D. T.		29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year) 5-5-1-9-8-7			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEPHEN W. DE TEL A. P.,	-671	9 WT	258	N LANE	E,8ET	HE35	DA P	10.20817	
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATU	HE CONTRACTOR								

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Mental if INPORTANT: If Item 28 is marked, or item 23 shows any injury, on

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

s certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.
physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL H	IYGIENE
CERTIFICAT	E OF DEATH F	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF TIFICATE OF		MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) BENEDIC	T J. BEN	NETT		2. DATE O	30 DAY	70 YEAR	3. TIME OF DEATH
01.0000		RS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3	13 19	Coun	D.
	BENSON AVENUE #41	_	ALTIM	DRL	90.	COUNTY OF I)EATH
10a. STATE 10b. COUNTY	10	BALTI	MOR	1-			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER	CENT AVE	<u> </u>	Of. ZIP CODE			U.	S. A.
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	I2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ★ YES 2 NO IF YES, GIVE WAR OR GATES	If yes,	ECENDENT OF HISPAI ipecify Cuban, Maxica ES 2 ND Specif	in, Puerto Ri		- 14. RAC Blec Spec	E — American Indian, ck, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 16a. DECED	ENT'S USUAL OCCUPATION of work done during it	TION nost of working	16b. (KIND OF BUSINESS	S/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	1 DR	AFTSI	18. MOTHER'S NA	ME (First, Mi	igdie, Maiden Surnai	no)	4
19a. INFORMANT'S NAME (Type/Print)	A. BANAS	AILING ADDRESS (Stree	and Number or Rural	Route Numbe	or, City or Town, State	4 J 0 a, Zip Code)	N 1/a
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetton 3 Remov		DISPOSITION (Name of C	completely, crematory or	r.	20c. LOCATIO	DKI N - City or T	DEE VAS
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE (ACT A POWL) CK	27. NAME	AND ADDRESS OF FA	CILITY	FU.	1516	Fleet G
23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that coused the death st only one couse on each line.	. Do not enter the n	node of dying, suc	th as cardi	ac pr reaplrator	y arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A CONSEQUE	NCE OFI:					Onset and Death
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUE						48
cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A CONSEQUE	NCE OF):	•				
PART II. Other algorificant conditions	contributing to death but not resu	ilting in the underly	ing cause given in	Part I.	24a. WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TES 2 N	0	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOOPITAL.		PLACE OF OEATH (C)	neck only one)		
1 TES 2 NO	HOSPITAL: I Inpatient 2 ER/Outpatient 3 I		ome 6 - Residence	_	.,,.		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY N	NJURY AT WORK? YES 2 NO		CRIBE HOW INJUR		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, building, atc. (Specify)	farm, street, factory, of	fice		TION (Street and Nur or Town, State)	imber or Rural	Route Number,
anal -	AN: To the best of my knowledge, death On the besis of examination and/or inve-						(a) and manner as stated.
296. SIONATURE AND TITLE OF CERTIFIER	Nour		DIS	MBER C	3 290	DATE SIGNE	12/90
AMATUN NA	COMPLETED CAUSE OF GEATH (ITEM 27	aphin s	st Bal	to n	nD a	1121	7
31 MAY 1990 Jul	a Daydoon Alghan	J					

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---	--	--

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH A		L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last, Crabtree, Mi		DuVAL CR	ABTREE	MONT	H DAY		0 00	
	4. SOCIAL SECURITY NUMBER 215-74-5172	1 □ M XX F	80 YRS.		MIN. (Mont	of Birth h. Pay. Year) -16-09	6. E V	MRTNPLACE (State or Foreign outrity) 'Inginia	
TOR	9a. FACILITY NAME (If not institution, give Union Memor		9	Baltimore	2. DATE OF DEATH MONTH GROWN PARTS G 90 9:55 A M 14 MRS. 7. DATE OF BIRTH MORPH Page Week) 90 16 09 109 111 a N OF DEATH 2 City 10d. INSIDE CITY 10d. INSIDE CITY 10 YES 2 XX0 10g. CITIZEN OF WHAT COUNTRY? USA 10g. CITIZEN OF WHAT COUNTRY? USA 11d. RACE — American Indian, Black, Whita, atc. Specify: White 18b. KIND OF BUSINESS/INOUSTRY N/A ER'S NAME (First, Middia, Maiden Surname) etty or Fural Route Number, City or Rown, State, Zip Code) Berlin Maryland S OF FACILITY Wiedefeld Home 6500 York Rd 21212 Wiedefeld Home 6500 York Rd 21212 Approximate Interval Between Onset and Death New PERFORMED? 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 1 YES 2 100 2 NAMER (Check only one) 1 YES 2 100 2 NAMER (Check only one) 1 YES 2 100 2 NAMER (Check only one) 1 YES 2 100 2 NAMER (Check only one)				
DIRECTOR	10a. STATE 10b. COUN	timore	TOWN OR LOCATION			LIMITS?			
FUNERAL	724 Scarlett Drive			101. ZIP COOE 2120)4		USA		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XIX NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben,	Maxican, Puerlo			Black, White, atc. Specify:	
COMPLETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)								
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles DuVal 19a, INFORMANT'S NAME (Type/Print)		I soo MAILING A	Ве	tty				
2	Betty Lynch		104 Es	ham Avenue B	Berlin N	Marylan	d 2181	1	
	1 Neurisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place) Dulaney V	alley 22. NAME AND ADDRESS					
	Dennis Steph	non jena	CRO			ld Home	6500	York Rd 21212	
		a		enter tha moda of dying), such se cer	diac or respire	story arrest,	Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO JOR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF):		err (I) hemy	pares	ui	
CAL	PART II. Other significant condition	ons contributing to deat	but not resulting in	the underlying cause giv	ren in Part I.	PERFORM	IED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:					
BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	TY 28b. TIME	OF 26c. INJURY AT WORK?	26d, DE		JURY OCCUR	ED	
	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	(Month, Day, Year) INJURY M 1 YES 2 NO 28e. PLACE OF INJURY — At home, tarm, street, factory, office 28t. LOCATION (Street and Number or Rura			Rurel Route Number,			
COMPLETED	and and							ruse(s) and manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIF	シャ			SE NUMBER				
-	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	emorial Hosp:	ital 2	01 E II	Iniver	riter Die.	

32. RIGISTRAND SIGNATURE

	once.
	76
	notified
	a
	must
al.	the medical examiner must be
remov	edical
9	Ē
emation, or re-	
Crem	event,
bunial	atic e
ior to	er traumatic er
ğ	1
ygiene	othe
I	9
Health and Mental Hygiene	us any Injury, or other traus
th and	amy I
Heal	SW0
t. 0	100
Dep	23
the State Dept	or Item 2
the	6

			TMENT	OF HEALTH AND	MENTAL H	YGIENE		
1 - STATE REGISTRAR	STATE OF MARYLA			OF DEATH		EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAIL	OI DEAIN	2. DATE OF I		77	3. TIME OF DEATH
RITA Rita	COOPER (Cooper			MONTH	23	90	1:00 P M
4. SOCIAL SECURITY NUMBER					7. DATE OF B (Month, Dgs		e. BIRTH Country	PLACE (State or Foreign
218-22-0890	1 🗆 M ZX F	72 YRS.			08-1			yland
9a. FACILITY NAME (If not institution, give st		,		TOWN OR LOCATION OF I		9c. CO	JNTY OF DE	EATH
Maryland Gener	ral Hospita	a⊥]	1	Baltimore	City		noi	ne
10e. STATE 10b. COUNTY	,			R LOCATION				10d. INSIDE CITY LIMITS?
Maryland nor	ne	Bal	timo	re City				1X YES 2 NO
104. STREET AND NUMBER	Ctroot /	1-+ 70	_	101. ZIP CODE				THAT COUNTRY?
501 E. Preston			7	21202	AND OBJOING OF			States
1 Never Married 2 Merried XXMidowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO If ye				ean, Puerto Ricar illy:		Black Speck Negi	— American Indian, , White, etc. fy:
15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	USUAL OC	CUPATION	18b. KIN	D OF BUSINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Ghe kind of work done during most of working life. Do NOT use retired.)						
11th grade	none	Housek	eepe			otel		
17. FATHER'S NAME (First, Middle, Last) Thomas Colbej	nt				ame (First, Middle ta Br	e, Melden Surname)		
190. INFORMANT'S NAME (Type/Print)	L C	10h MAILING	ADDRESS	(Street and Number or Rura			in Codel	
Walter Candy				d Hill A				21217
20s. METHOD OF DISPOSITION 21 Burial 2 Cremation 3 Remo	20b.						,,	
		. PLACE OF DISPOS	SITION (Nar	ne of cemetery, crematory or		20c. LOCATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	oval from Stata	other place)		ne of cometery, crematory of Cemetery		20c. LOCATION -		
	P	other place)	urn	Cemetery	ACILITY	20c. LOCATION - Baltimo	ore,	Maryland
4 Donation 5 Other (Specify)	P	other place)	urn	Cemetery NAME AND ADDRESS OF I	ACILITY Scrug	Baltimo	eral	Maryland Home
21. BIGHATURE OF FUNERAL REPVICE LIC	B. Luce	other place) It. Aub	urn 22.1 0 14	Cemetery Calvin B. 12 E. Pre	Scrug	Baltimo gs Fune Street,	re, eral Bal	Maryland Home to.Md. 21 Approximata
23. PART I. Enter the diseases, or cahock, or heart fellure. I	B Sure Complications that caused List only one cause pn ed	other place) Vt. Aub the death. Do nech line.	urn 22.1 14 not enter	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home
21. SIGNATURE OF FUNERAL REPVICE LIC	complications that caused List only one cause on each security.	itie death. Do rech line.	urn 22.1 14 not enter emia	Cemetery Calvin B. 12 E. Pre	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
23. PART I. Enter the diseases, or canonical service Lice. Immediate CAUSE (Final disease or condition	complications that caused List only one cause on each security.	other place) Vt. Aub the death. Do nech line.	urn 22.1 14 not enter emia	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
21. SIGNATURE OF FUNERAL REPVICE LICE 23. PART I. Enter the diseases, or cahock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications that caused List only one cause on et	itie death. Do rech line.	urn 22.1 14 not enter emia	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
23. PART I. Enter the diseases, or a shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that caused List only one cause on et	the death. Do nech line.	urn 22.1 14 not enter emia	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
23. PART I. Enter the diseases, or a shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	the death. Do nech line.	urn 22.1 14 emia Emia	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
23. PART I. Enter the diseases, or cache shock, or heert fellure. If immediate cause, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury of the cause. Enter UNDERLYING CAUSE (Disease or injury of the cause. Enter UNDERLYING CAUSE (Disease or injury of the cause.)	DUE TO (OR AS A	it the death. Do nech line. 1 cuk	urn 22.1 14 emia Emia	Cemetery NAME AND ADDRESS OF ICALVIN B. 12 E. Prethe mode of dying, au	ACILITY Scrug eston ch sa cardiec	20c. LOCATION - Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between
23. PART I. Enter the diseases, or on shock, or heart fellure. If immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions.	DUE TO (OR AS A DUE TO (OR AS A d	other place) It. Aub Ithe death. Do nech line. 1 cuk (CONSEQUENCE OF CONSEQUENC	urn 22.1 14 not enter e m i a F): F):	Cemetery NAME AND ADDRESS OF I Calvin B. 12 E. Pre the mode of dying, au with	Scrug eston chas cardlec	Baltimo gs Fune Street, or reapiratory a tastase	eral Bal	Maryland Home Lto, Md, 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS
23. PART I. Enter the diseases, or can should be should	DUE TO (OR AS A DUE TO (OR AS A d	the death. Do nech line. 1 cuk of a consequence of a consequence of	urn 22.1 14 not enter e m i a F): F):	Cemetery NAME AND ADDRESS OF I Calvin B. 12 E. Pre the mode of dying, au with	Scrug eston ch sa cardiec men	Baltimo gs Fune Street, or reapiratory a	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the diseases, or on shock, or heart fellure. If immediate cause, enter the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS A DUE TO (OR AS A d	other place) It. Aub Ithe death. Do nech line. 1 cuk (CONSEQUENCE OF CONSEQUENC	urn 22.1 14 not enter e m i a F): F):	Cemetery NAME AND ADDRESS OF I Calvin B. 12 E. Pre the mode of dying, au with	Scrug eston ch sa cardiec men	Baltimo gs Fune Street, or reapiratory a tastase	eral Bal	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
23. PART I. Enter the diseases, or a shock, or heart fellure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent condition Anemia	DUE TO (OR AS A DUE TO (OR AS A d	other place) It. Aub Ithe death. Do nech line. 1 cuk (CONSEQUENCE OF CONSEQUENC	urn 22.1 14 not enter e m i a F): F):	Cemetery NAME AND ADDRESS OF I Calvin B. 12 E. Pre the mode of dying, au with	Scrug eston ch sa cardiec men	Baltimo gs Fune Street, or reapiratory a tastase	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or eshock, or heart fellure. I immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Anemia	DUE TO (OR AS A DUE TO (OR AS A d	other place) It. Aub Ithe death. Do nech line. 1 cuk (CONSEQUENCE OF CONSEQUENC	urn 22.1 14 not enter e m i a F): F):	Cemetery NAME AND ADDRESS OF IT Calvin B. 12 E. Pre the mode of dying, au with with derlying cause given in	Scrug eston ch sa cardlec	Baltimo gs Fune Street, or reapiratory a tastase	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or chock, or heart fellure. I immediate CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant condition Anemia	DUE TO (OR AS A DUE TO (OR AS	other place. It. Aub It the death. Do nech line. I cuk a consequence of	urn 22.1 14 14 not enter emia F): in the unity OTHER 4 Num	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Pre the mode of dying, au With With Act of DEATH (0) It is the mode of DEATH (0) It is the m	n Part I. 24s	Decily)	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or a shock, or heart fellure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significent condition Anemia	DUE TO (OR AS A DUE TO (OR AS	The death Do nech line. I cuk a consequence of a consequ	urn 22.1 14 14 not enter emia F): in the unity OTHER 4 Num	Cemetery NAME AND ADDRESS OF IT Calvin B. 12 E. Pre the mode of dying, au With With 28. PLACE OF DEATH (III) 18. PLACE OF DEATH (IIII) 18. PLACE OF DEATH (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	n Part I. 24s	Dec. LOCATION - Baltimo Baltim	eral Bal	Maryland Home Lto.Md. 21 Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or can shock, or heart fellure. If immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventare suiting in death) PART II. Other significent condition Anemia. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A DUE TO (OR AS	The death Do rech line. 1 CONSEQUENCE OF CONSEQUEN	Urn 22.1 14 not enter emia F): F): OTHER 4 Num EF OF FURNY M	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Prest the mode of dying, au With With Calving cause given in 28. PLACE OF DEATH (0) 11. 128c. INJUST AT WORK? 1 YES 2 NO	n Part I. 24a 1 [Check only one) 28d. DESCRII	Baltimo Bal	eral Balmest,	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or a shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART if. Other significent condition Anemia	DUE TO (OR AS A DUE TO (OR AS	The death Do rech line. 1 CONSEQUENCE OF CONSEQUEN	Urn 22.1 14 not enter emia F): F): OTHER 4 Num EF OF FURNY M	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Prest the mode of dying, au With With Calving cause given in 28. PLACE OF DEATH (0) 11. 128c. INJUST AT WORK? 1 YES 2 NO	n Part I. 24a 1 [Check only one) 28d. DESCRII	Baltimo Baltim	eral Balmest,	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or or shock, or heart fellure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition Anemia 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Suicide a Could not be determined	DUE TO (OR AS A DUE TO (OR AS	other place It a Aub It the death. Do nech line. I cuk to a consequence of a consequence	UTN 22.1 14 not enter e m i a Very F): F): OTHER 4 Num BE OF JURY M street, factor	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Prest the mode of dying, au With With L28. PLACE OF DEATH (IT) L19. PLAC	n Part I. 24a Check only one) 28d. DESCRIII	Decity) Recity Recit	eral Bal mest, Same County of Party of	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, or chock, or heart fellure. I immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Anemia	DUE TO (OR AS A DUE TO (OR AS	other place. It is death. Do nech line. I cuk to a consequence of a cons	UTN 22.1 14 not enter e m i a Very F): F): OTHER 4 Num E OF JURY M street, factor ed at the ti	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Prest the mode of dying, au With With L28. PLACE OF DEATH (IT) L38. PLACE OF DEATH (IT) L39. PLAC	n Part I. 24a Check only one) 28d. DESCRIII 28f. LOCATIO Decity) Baltimo Bal	eral Bal mest, Same Country of Party of	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO	
23. PART I. Enter the diseases, or chock, or heart fellure. I immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Anemia	DUE TO (OR AS A DUE TO (OR AS	other place. It is death. Do nech line. I cuk to a consequence of a cons	UTN 22.1 14 not enter e m i a Very F): F): OTHER 4 Num E OF JURY M street, factor ed at the ti	Cemetery NAME AND ADDRESS OF IT Calvin B. L12 E. Prest the mode of dying, au With With L28. PLACE OF DEATH (IT) L38. PLACE OF DEATH (IT) L39. PLAC	n Part i. 24a In Part i. 24a In Check only one) 28d. DESCRII 28f. LOCATIO City or 76	Decily) Baltimo Bal	eral Bal rrest, S S S S S S S S S S S S S S S S S S S	Maryland Home Lto.Md. 21 Approximata interval Between Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

c/o Maryland General Hospital

un Shahinian.
32. REGISTRAR'S SIGNATURE
MAY 91990

Haroutioun

M.D

Solie Tevidon-Randose

DHMH-18 Rev 1/89

I To the second of the second

Entropy of the second control of the second

and the second of the second o

auries that the death c signed by the attendi Health and Mental Hy	DIVISION OF VITAL RECORDS, P.O. BOX 13140, THE HOSPITAL DR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. PROPRIANT: if item 28 is marked, or life in 23 shows any injury, or other treatmatic event, the medical a	J. BOX 13146, BALLIMORE, MARYLAND 21203-3146) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	giene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ON OF VITAL REDOWLED ON OF VITAL The law report of the this certificate has been death with the State Dept. or seath of them 23 sh	ECORDS, P.O. BO.	quires that the death certificate	n signed by the attending physic	f Health and Mental Hygiene pric	ows any injury, or other tra

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAN	ND / DEPAR					MENTAL HYGIEN			
	DECEDENT'S NAME (First, Middle, Lest) RUTH		CASE:	-					2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH 12:52 a M
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	750		PLACE (State or Foreign
	212-26-0005	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morith, Day, Year) 7-18-08		Country	irginia	
	9a. FACILITY NAME (If not institution, give st			9b. CITY	, TOWN C	OR LOCATI	ON OF DE		9c. COU	NTY OF DE		
DIRECTOR	MARYLAND GENERAL	L		вА	LTIM	ORE	CITY		BALTIMORE CITY			
일	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
2	MD.		В	alti	more	2			LIMITS?			
IAL	10e. STREET AND NUMBER					ZIP COD			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1007 N. Ste						1217		U	U.S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	TEVER IN U	2 NO		If yes, sp	ecify Cuba	n, Mexical	IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	Black, White, atc.			
B	3 Widowed 4 Divorced	MAR OR DATE	ES		1 TYES	2 X NO	Specify	•		Speck	Black	
8	15. DECEDENT'S EDUA	1	6a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	ISINESS/INC			
<u>E</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of the Do NOT us			ist of worldi	ng				
MP				Hous	ewit	e						
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maider	Surname)		
BE											_	77
2	19a. INFORMANT'S NAME (Typo/Print) Sonia Henson								Route Number, City or Tov			
	201/ METHOD OF DISPOSITION		20h E	LACE OF DISPO					Balto.,			
	1 Burtal 2 Cremation 3 Remo	oval from State	2000	Mount					1039 M	oo Ho aryla	orrit	rs Ferry Rd.
	21. SIGNATURE OF FUNEINAL SERVICE LIC	ENSEE	-	HOGHE				SS OF FA		пута	ПС	
	· 1000	1.11	100	10		1712	_1/	1.7 NI.	outh Arro	Do1	4.0	Md. 21217
	23. PART I. Enter the diseases, or o	complications the	ot caused t	he death Do								Approximate
	shock, or heart failure.				iot eine	THE INC	de or dy	mg, soci	ir as caldiac or less	matory or	reet,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	24										Onset and Death
	resulting in death)	a. Massiv	OR AS A C	strointestinal Hemorrhage								
z		Chroni	c Act	ctive Duodenal Ulcer								
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A C	ONSEQUENCE O	F):		_					
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	c		S A CONSEQUENCE OF):								
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A C	CONSEQUENCE O	F):							
CERTIFICATION		d										1
SAL SAL	PART II. Other significant condition						g cause	given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
음	Severe Coronar	y artery	athe:	roscler	osis				1 X YES	2 🗌 NO		OF DEATH?
MEDI									_			1 TYES 2 NO
PHYSICIAN:												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE	R:			eck only one)			
ΙΥS	1 YES 2 NO	1 Empatient 2 i		ient 3 DOA		_	NO 5 A	esidence	6 Other (Specify) 28d. DESCRIBE HOW	IN HIRDY OC	CHRED	
	1 🔀 Natural 5 🗌 Pending	(Month, I	Day; Ybar)	IN.	JURY	WC	YES 2	□ NO	26d. DESCRIBE NOW	MJONT OC	CONED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY -	- At home, ferm,	street, fac				281. LOCATION (Street	and Numbe	or Runal F	Route Number,
TED	4 Homicide 6 Could not be determined	building	, etc. (Specify	1)					City or Town, State)		
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best c	f my knowled	dge, deeth occur	ed at the	time, date	and place	a, and due	to the cause(s) and mi	onner aa sta	nted.	
M	(Check only one) 2 MEDICAL EXAMINE) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTURE	-	-				29c. LIC	ENSE NUI	WBER	29d. DA	TE SIGNED	(Month, Day, Year)
BE		Th	ty	T 1.69			,	I/A		•	5/	8/90
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEAT	H (ITEM 27) (Тур	, Print)			1 11			/	//
-	OLIVER WONG, M.	D.	c/o M	ARYLAND	GEN	ERAT	LHOS	PITA	Τ			
	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNAT	ARYLAND	72.00							
	MAI 3 1990	quia	- 4-4mm.	`								_

-
2
must
event, the medical examiner must
6
2
8
E
9
=
Ŧ.
9
6
2
ĕ
5
any injury, or other traumatic
-
5
0
0
2
3
Ξ
F
6
2
9
60
23 shows
E
Ξ
is marked, or item 23
Ď,
훈
ē
=
99

31. DATE FILED (Morith, Day, Year)
MAY 9 1990

32, REGISTRAR'S SIGNATURE

						9	0 15918			
	1 - STATE REGISTRAR	TE OF MARYLAND / DEP CERT	PARTMENT OF H		IENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	APLAN S	SAUL CAPL	NA	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH M			
	4. SOCIAL SECURITY NUMBER 5. SEX 213-01-6519 1 ☑ M	6. AGE (In yrs. lest birtho	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH APR. 7,190	02 6. BIRT	HPLACE (State or Foreign try) MARYLAND			
J.B.	9a. FACILITY NAME (If not institution, give street and n SINAI HOSPITAL	number)		R LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	IMORE 10c.	CITY, TOWN OR LOCAT	WADE.			10d. INSIDE CITY			
	MARYLAND BALT. 100. STREET AND NUMBER	THORE		ZIP CODE		10a. CITIZEN OF	1 TYES 2 NO			
FUNERAL	3319 SHELBURNE RD.									
B	1 Never Married 2 Married FOR	S DECEDENT EVER IN U.S. ARMED RCES? 1 ☐ YES 2 NO YES, GIVE WAR OR DATES	if yes, spe	ENDENT OF HISPANI odfy Cuban, Maxican 2 NO Specify:		Ble	CE — American Indian, ck, White, etc. City: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College 8	d) (Give kind	NT'S USUAL OCCUPATIO d of work done during mos OT use retired.) JYER		16b. KIND OF BUS	EPT. STO	RE			
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN CAPLAN			18. MOTHER'S NAM	NE (First, Middle, Maiden :	Surname)				
인	19a. INFORMANT'S NAME (Type/Print) EMANUEL HORN, ATTY.		LING ADDRESS (Street at I'E 200 COUT				21202 IGTON ST.			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	20b. PLACE OF Dis	SPOSITION (Name of cent		20c. LO	CATION — CHY OF				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Levinson	22. NAME AN		SON & BROS	., INC.				
	23. PART I. Enter the diseases, or complice ahock, pr heart failure. List only						Approximata interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death									
TION	Sequentially flat conditions, if any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	CE OF):							
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contri	ibuting to death but not result	engling in the underlying	g cause given in I	Part I. 24s, WAS AN PERFOR 1 YES 2	MED?	IID. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA		PITAL: patient 2 - ER/Outpatient 3 - Do	OTHER:	ACE OF DEATH (Che						
	27. MANNER OF DEATH 28. Netural 5 Pending		. TIME OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	Be. PLACE OF INJURY — At home, fa building, etc. (Specify)			26f, LOCATION (Street a City or Town, State)	and Number or Rura	l Route Number,			
COMPLETED	one)	the best of my knowledge, death or e-bests of axamination and/or invest					o(s) and manner as stated.			
TO BE CO	29b. SIGNATURE AND TITLE OF CENTIFIER	Starrens	- MF	29c. LICENSE NUM	1360	29d. DATE SIGNI	ED (Month, Day, Year)			
P	30. NAME AND ADDRESS OF PERSON WHO COMPL	LETED CAUSE OF DEATH OTEM 27	(Type, Print)		10 1 M	P	6			

DHMH-16 Rev 1/89

		Ē
		If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
-	Maj.	i exa
-	г гето	er traumatic event, the medical examine
	0,	=
1	татіо	t, th
	i, cre	even
	burla	atic
	r to	E
-	prio	E
	удівпе	other
	Í	9
-	72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunlal, cremation, or removal.	njury,
	and	J.
Rich	Health	WS 3
-	6	Sho
2	Dept.	23
2	State	Item
	the the	0
DILLI	With	rked
2	death	s ma
5	fter	60
5	S	7
5	hou	Her
į	N	=

	1 - STATE OF MARY!	LAND / DEPARTMI			NTAL HYGIENE REG. NO.		0 12019
	DECEDENT'S NAME (First, Middle, Last)	OEM IO	WE OF B		DATE OF OEATH		3. TIME OF OEATH
1	Christopher J Demarino				05 04	90 YEA	6:28pm M
	· · · · · · · · · · · · · · · · · · ·	A MONO		UNDER 24 HRS. 7.	Month, Day, Year)	S. BI	IRTHPLACE (State or Foreign ountry)
	219 15 9106 1 M 2 🗆 F	/ 5 YRS.			3/7/	75	Maryland
	9a. FACILITY NAME (If not institution, give street and number)			OCATION OF DEATH		9c. COUNTY C	
	North Arundel Hospital		Glen Burnie, Maryland 21 <mark>061 An</mark>				
u	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		-		10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel	Pasa	adena				1 TYES 2 NO
2	10e. STREET AND NUMBER		10f. ZIF	P CODE			OF WHAT COUNTRY?
	7764 Cork Lane 11. MARITAL STATUS 12. WAS DECEDENT EYER	IN U.S. ARMED	13 WAS DECEME	21122	ORIGIN? (Specify Year	U.S.	A a
	1 Never Married 2 Married FORCES? 1 YES	2 🔀 NO	If yes, specify	y Cuban, Mexican, P			Black, White, etc.
	3 Widowed 4 Divorced						White
כוכה	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S USU/ (Give kind of work of life. Do NOT use reti	ione during most of	f working	16b. KIND OF BUSI	NESS/INDUSTF	NY.
J	Elementary/Secondary (0-12) College (1-4 or 5+) 9th Grade	Studen					
200	17. FATHER'S NAME (First, Middle, Last)	D budei		B. MOTHER'S NAME	(First, Middle, Maiden S	Sumame)	
מנו	Ronald E. DeMarino			Danit	ta M. Ry	koski	
	19a. INFORMANT'S NAME (Type/Print)	4.1			te Number, City or Town,)
	Ronald DeMarino		ork Lane		dena, Mary		21122
	1 M Burial 2 Cremation 3 Removal from State	other place)				ATION — City o	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SETIVICE, LICENSEE	Cedar Hi		ADDRESS OF FACIL		:1more	Maryland
	PC VIV. OX	1 m 10	George	J. Gond	ce Funeral		
-	23. PART I. Enter the diseases, or complications that ceus	ed the deeth. Do not e					Md. 21225 Approximate
	shock, or heert fellure. Liet only one cause on IMMEDIATE CAUSE (Final		•	, ,			Interval Between Onset and Death
		ANGIA	10				
	DUE TO (OR AS	A CONSEQUENCE OF):	1				
5	Sequantially list conditions, b. Out TO OR AS						
INICALION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):					
	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):					
2	resulting in deeth) LAST						
3	PART II. Other significent conditions contributing to death	but not resulting in th	e underlying c	ause given in Pa	ert I. 24s. WAS AN	WTOPSY	24b. WERE AUTOPSY FINDINGS
3				•	PERFORI	3/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MCDI					_ 10,123 2/		OF DEATH?
					_		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	or	26. PLAC	E OF DEATH (Check	only one)		
PHTSICIAN:	1) YES 2 NO 1 inpatient 2 ER/OL	ripetient 3 DOA 4	Nursing Home	6 Mesidence 6			
	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year,		WORK	Y AT 2:	8d. DESCRIBE HOW IN	JURY OCCURE	0/8
0	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJUI	TO At home, farm, street			el. LOCATION (Street at	7 g	ural Route Number.
9	6 Could not be building, etc. (St. 4 Homicide determined	pectly) Hom			City or Town, State)		
COMPLEIED	29e. CERTIFIER (Check not) 1 CERTIFYING PHYSICIAN: To the best of my kno	owledge, death occurred at	the lime, data an	d place, and due to	the cause(s) and man	ner on stated.	
	(Check only one) 2 MEDICAL EXAMINER: On the basis of examinat						use(a) and manner as stated.
	29b. BIGNATURE AND TITLE OF CERTIFIER		J. 21	9c. LICENSE NUMBI	ER .	29d. DATE SIG	GNED (Month, Day, Year)
20 00	Illillian D. J	M DWO	20 costs	D060	154	▶ 5	-4-90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF						
	William Jones, M.D. 4837 S	olomons Isl	and Rd,	Lothian	, Marylan	a 2071	1
	MAY 91990 Sufa Davidson 7						1
	Tales and						

CLERI IN

N 2

· ·

37

ii.

.

7.9

NDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospital or attending physician.	t. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Z	TO THE FUNERAL DIRECTOR: After this certificate I	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item

	FOR	CTATE OF MADV	AND / DEDAR	EMENT OF	UPALTU ANI	N MATNITA	LUVOIEN	-		12020
	1 - STATE REGISTRAR	STATE OF MARYL			F DEATH	J MENIA	REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM M.	DORSEY				2. DATE MONT MAY	OF DEATH	199	YEAR	Time of DEATH
		-44	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		1110000	OF BIRTH	30	6. BIRTHPL Couptry)	ACE (State or Foreign
נ	98. FACILITY NAME (If not institution, give stre THE JOHNS HOPKINS	HOSPITAL			ORE CITY			9c. COU BALT	NTY OF DEA	CITY
DINECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									Dd. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 4625 Chickory H	lill Lane	Da		10f. ZIP CODE 21208			_		YES 2 NO AT COUNTRY?
DI LUNERAL		IN U.S. ARMED 2 NO DATES	If yes,	ECENDENT OF HIS specify Cuban, Ma ES 2 X NO Sp	xican, Puarto				- American Indian, White, etc.	
COMPLEIED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elamentary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)		ork done during a retired.)	most of working		altimo			
ם סב	19a. INFORMANT'S NAME (Type/Print) Edna Dorsey		196, MAILING 4625	ADDRESS (Street	y Hill	Lane,	Pikes	n, Stete, Zir	, Md.	21208
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Femon 4 Donation 5 Other (Specify)	vel from State	h. PLACE OF DISPOS other place) Mei	m. Pk.					Stown	n, State 1 , Md .
	21. SIGNATURE OF PURENAL SERVICE LICE	fron			ch F.H W Wabash					
	23. PART I. Enter the diseases, or complicatione that ceused the daeth. Do not antar tha mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Approximate Interval Between Onset and Death	
RIPICATION	Sequentially tlat conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	7):						auts Byrs		
CERL	resulting in death) LAST PART II. Other significant conditions	contribution to death	hut not requising i	in the underly	ing cause abor	in Part i	Zan ume an	AITTOREV	245	VERE AUTOPSY FINDINGS
MEDICAL	Ranal PAIL						t I. 24a. WAS AN AUTOPSY PERFORMED? 24b.			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	INJURY AT WORK? YES 2 NO	1 2 2 1 1	SCRIBE HOW			Ma Marshar			
COMPLEIED	3 Suicida 6 Could not be 4 Homicide detarmined	building, etc. (Sp				C/n	CATION (Street or Town, State,)		uro teuricot,
COMPL	(CERTIFIER CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER				and menner as stated.					
O BE	296. SIGNATURE AND TITLE OF CERTIFIER FOR SOME				29c. LICENSE	NUMBER		29d. DA	5 4	Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	PEATH (ITEM 27) (Type,	Print)						

Hospotal

Johns Hopkins
32. REGISTRAR'S SIGNATURE
GULL DEVALUATION

TO THE STATE OF THE STATE

DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMORE, MARTLAND 21203-3149
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALIN AND I	MENTA	REG. NO.	:			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH	
*	CARL MICHA	EL DOBRANSE	<i>(</i>				MON'	/6/90 DAY	Y	YEAR	9:20 p. m	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday,) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6		PLACE (State or Foreign	
- 1	015-01-3197	1 JM 2 - F 7	19 YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year) 5-8-10		Country	ssachusetts	
	9e. FACILITY NAME (If not institution, give str	- 21		9b. CITY	, TOWN OI	R LOCATION OF DE		0 10	9c. COUNT			
<u> </u>	St Agnes Hospita	1				re City			SC. COUNTY OF BEATH			
	St. Agnes Hospita	T.		Ва	тсло	re city						
Į Ļ	10e. STATE 10b. COUNTY		10c. CI	ITY, TOWN O	OR LOCATI	ON					10d, INSIDE CITY LIMITS?	
5	Maryland										1 X YES 2 NO	
A.	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?	
프	524 Lucia Avenue	Avenue 21229							U.S.	Α.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED ES 2 1 NO			NDENT OF HISPAN			or No— 1		- American Indien, White, etc.	
	1 Never Merried 2 Merried 3 Widowed 4 Divorced			2 X NO Specify		rucan, etc.)		Specifi	y:			
											White	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					b. KIND OF BUS	INESS/INDU	STRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5+)					Ι.		1 7			
COMPLETED	12th grade		Truck d	river	/Sal	esman		Bonn Br	ead B	ake	ry Co.	
5	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA			Surname)			
R R	Unknown					Anne Ko	ochz	ious				
5	19e. INFORMANT'S NAME (Type/Print)	d Number or Rural F	Ploute Nur	nber, City or Town	, State, Zip C	(ode)						
Gary C. Dobransk 617 S. Beechfield Ave. Balti									Lmore, MD 21229			
	20a. METHOD OF DISPOSITION ty Burlei 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Cardens of Faith Cemetery Baltimore, MD									wn, State		
										, M	1D	
	21. SIGNATURE OF FUNERAL SERVICE LICE	DISEE	2//	22. U	NAME AN	D ADDRESS OF FA	CILITY	Uomo T	'no			
- 1	10,00	7	14041	Hubbard Funeral Home, In 4107 Wilkens Ave. Baltin						м	D 21229	
-	23 PART i Enter the diseases or c	nmplications that eau	and the death. Do								Approximata	
- 1	23. PART i. Enter the diseases, or complications that eausad the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one ceuse on each line.								Interval Batween			
	IMMEDIATE CAUSE (Finel											
	disease or condition										Onset and Death	
	disease or condition	. Widely N			cino	ma of Lu	ung_					
	disease or condition		Metastati s a consequence		cino	ma of Li	ung_				Onset and Death	
NO	disease or condition resulting in deeth)	DUE TO (OR A	S A CONSEQUENCE	OF):	cino	ma of Li	ung_				Onset and Death	
ALION	disease or condition resulting in deeth) Sequentielity list conditions, if any, leading to immediate	DUE TO (OR A		OF):	cino	ma of Li	ung_				Onset and Death	
CATION	disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE	OF):	rcino	ma of Lu	ung_				Onset and Death	
HILICATION	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):	cino	ma of Lu	ung_				Onset and Death	
ERITIFICATION	disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE	OF):	cino	ma of Lu	ung_				Onset and Death	
	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): OF):				24a. WAS AN		24b.	Onset and Death Months WERE AUTOPSY FINDINGS	
AL CE	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): OF):				PERFOR	MED?	24b.	Onset and Death Months WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE	
AL CE	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): OF):					MED?	24b.	Onset and Death Months WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CE	Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): OF):				PERFOR	MED?	24b.	Onset and Death Months WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CE	disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR A	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	OF): OF):	nderlying	cause given in	Part I.	PERFOR	MED?	24b.	Onset and Death Months WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A DUE TO (OR A DUE TO (OR A Contributing to deati	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE h but not resulting	OF): DF): Gin the un	nderlying 26. PL R:	cause given in	Part I.	PERFOR	MED?	24b.	Onset and Death Months WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CE	Sequentielly list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 3 NO	DUE TO (OR A DUE TO (OR A DUE TO (OR A Contributing to deat	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting	OF): DF): DF): OTHE!	26. PL R: rsing Home	cause given in ACE OF DEATH (Ch	Part I.	PERFOR 1 X YES 2 pne) her (Specify)	MED?		Onset and Death Months WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A DUE TO (OR A DUE TO (OR A Contributing to deati	S A CONSEQUENCE S A CONSEQUENCE A CONSEQUENCE b but not resulting	OF): DF): Gin the un	26. PL R: rsing Home 28c. INJU	ACE OF DEATH (Ch	Part I.	PERFOR	MED?		Onset and Death Months WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL CE	disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpetlent 3 □ DOA RY 28b. T	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M	26. PL R: rsing Home 28c. INJU WO 1 U Y	ACE OF DEATH (Ch	Part I.	PERFOR 1 X YES 2 DONE) HER (Specify) ESCRIBE HOW II	MED?	URED	Onset and Death Months WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
BY PHYSICIAN: MEDICAL CE	disease pr condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpetient 3 DOA RY 28b. T	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M	26. PL R: rsing Home 28c. INJU WO 1 U Y	ACE OF DEATH (Ch	Part I.	PERFOR 1 X YES 2 pne) her (Specify)	MED?	URED	Onset and Death Months WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpetient 3 DOA RY 28b. T	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M	26. PL R: rsing Home 28c. INJU WO 1 U Y	ACE OF DEATH (Ch	Part I.	PERFOR 1 X YES 2 DOTO: NOT (Specify) ESCRIBE HOW II	MED?	URED	Onset and Death Months WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
BY PHYSICIAN: MEDICAL CE	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T III URY — At home, farm	OF): OF): DF): OTHE! 4	26. PL R: rsing Home 28c. INJI WO 1 U Y	ACE OF DEATH (Ch	Part I. 6 Oth 28d. Di	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II OCATION (Street e y or Town, State)	MED? NO NJURY OCCU	URED or Rural R	Onset and Death Months WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 29 Accident Suicide 8 Could not be determined	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A L B Contributing to deat HOSPITAL: 1 1½ Inpatient 2 = EV/C 28e. DATE OF INJUI (Month, Day, Yes) building, stc. (5)	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T 1 URY — At home, farm consequence	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M n, atreet, fact	26. PL R: rsing Home 28c. INJI WO 1 U You	ACE OF DEATH (Ch	Part I. 6 Ott 28d. Di 28f. LO	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II CATION (Street e y or Rown, State)	MED? NO NJURY OCCU	JRED or Roral R	Onset and Death Months Were autopsy findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 29 Accident Suicide 8 Could not be determined	DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T 1 URY — At home, farm consequence	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M n, atreet, fact	26. PL R: rsing Home 28c. INJI WO 1 U You	ACE OF DEATH (Ch	Part I.	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II CATION (Street e y or Rown, State)	MED? NO NJURY OCCU and Number of the state of the stat	JRED or Rural R d. cause(e)	Onset and Death Months Were autopsy findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Suckede 8 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T 1 URY — At home, farm consequence	OF): OF): DF): OTHEL 4 Nur IME OF NJURY M n, atreet, fact	26. PL R: rsing Home 28c. INJI WO 1 U You	ACE OF DEATH (Ch	Part I. 6 Oth 28d. Di 28f. LO Cit	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II CATION (Street e y or Rown, State)	MED? NO NJURY OCCU and Number of the state of due to the 29d, DATE	JRED W. Rurel R. d. cause(e)	Onset and Death Months WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural	DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T BY At home, farm Specify) nowledge, death occuration end/or investigation	OF): OF): DF): g In the ur OTHE! 4 Nur IME OF NJURY M In, atreet, fact	26. PL R: rsing Home 28c. INJI WO 1 U You	ACE OF DEATH (Ch	Part I. 6 Oth 28d. Di 28f. LO Cit	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II CATION (Street e y or Rown, State)	MED? NO NJURY OCCU and Number of the state of due to the 29d, DATE	JRED or Rural R d. cause(e)	Onset and Death Months WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO	
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpatient 3 DOA RY 28b. T DURY — At home, farm Specify) The desired occur attorn end/or investigation end/or investigation.	OF): OF): DF): g In the ur OTHE! 4 Nur IME OF NJURY M In, atreet, fact arred at the t stitlen, in my of	26. PL R: rsing Home 28c. NJI 1 Y ttory, office	ACE OF DEATH (Ch	Part I. 6 Oth 28d. Di 28f. LO Cit	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II POCATION (Street e y or Town, State) euse(e) end mente and place, an	NJURY OCCU	DRED or Rural R d. cause(e) SIGNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO Noute Number, and menner se stated. (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation determined 2 Accident Investigation determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpetlent 3 DOA RY 28b. T DURY — At home, farm Specify) TOR At home of the consequence	OF): OF): DF): g In the ur OTHE! 4 Nur IME OF NJURY M In, atreet, fact arred at the t stitlen, in my of	26. PL R: rsing Home 28c. NJI 1 Y ttory, office	ACE OF DEATH (Ch	Part I. 6 Oth 28d. Di 28f. LO Cit	PERFOR 1 X YES 2 Ner (Specify) ESCRIBE HOW II POCATION (Street e y or Town, State) euse(e) end mente and place, an	NJURY OCCU	DRED or Rural R d. cause(e) SIGNED	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO Noute Number, and menner se stated. (Month, Day, Year)	

p 3

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF M					EALIH AND I DEATH	MENTAL HYGI REG.					
1	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>		2. DATE OF DEATH			3. TIME OF DEATH		
	FRANCIS A.	DEMBECK.	JR.					May 4,	.990	PRAT	м		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	IPLACE (State or Foreign		
,	216-20-3071	1 M 2 - F	63	YRS.	MONTHS E	DAYS	HOURS MIN.	(Month, Day, Year 7-7-192			MARYLAND		
ŀ	9a. FACILITY NAME (If not institution, give	1 /	0.5		9b. CITY, T	OWN O	R LOCATION OF DE			UNTY OF D			
œ	Francis Scott Ke	w Medical	Center	r RAITIMODE CT				TV	1				
읝	RESIDENCE OF DECEDENT	y Medical	CELLCET	BALTIMORE CI				1 9					
DIRECTOR	10e. STATE 10b. COUNT	Γ¥		10c. CIT	Y, TOWN OR	LOCATI	ON				10d. INSIDE CITY LIMITS?		
ā	MARYLAND	BALTIMORE					DUNDA	LK			1 TES 2/(X) NO		
A	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?		
<u> </u>	883 MILDRED AVEN					212:	22		и	.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR					IIC ORIGIN? (Specify n, Puerto Rican, etc.		14. RACI Blac	E — American Indian, k, Whita, etc.		
BY F	1 Never Married XXXMarried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 (NO Specify		·	Spec	WHITE		
		l ww						Las ump or	D11001500/	I DI IOTENI	WHITE		
TE	15. DECEDENT'S ED (Specify only highest grad	te completed)	(G	ive kind of Do NOT u	WORK done due to retired	ring mos	n t of working	16b. KIND OF	BUSINESS/II	ADOSTHA			
ٳڐ	Elementary/Secondary (0-12)	College (1-4 or 5+))			UT CT	-	l ,	IECTE	N EI	ECTRIC		
COMPLETED	12TH GRADE 17. FATNER'S NAME (First, Middle, Lest)	N/A			MACHIN	112		ME (First, Middle, Ma			ECIKIC		
		-01/ 00							our correrrey				
B	FRANCIS A. DEMBE	CK, SK.	19	JULIA BUDKA St. MAILING ADDRESS (Street and Number or Rural Route Number, City or To					Town State	Zio Code)			
2		,		883 MTLDRED AVENUE BALTIMORE.									
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometery, crem									LOCATION -				
	1 D Burlel 2 Cremation 3 Rei	moval from Stata	CAODE	ece)	ADT OF	E M	DV CEM	5-8-90	II. TOTAL CONTRACTOR OF THE CO				
	SAORED HEART OF MARY CEM. 5-8-90 BALTIMORE, MARYLAND 21. SIGNATURE OF UNERAL SERVICE LICENSEE DUDA-RUCK FUNERAL HOME OF DUNDALK, INC.												
	» (hel h)	Fall			Dut	DA-1	RUCK FUN	ERAL HOM	E OF 1	UNDA	LK, INC.		
-	23. PART I. Enter the disesses, or	- I - I - I - I - I - I - I - I - I - I	7	ant Da	179	22 (UISE AVE	NUE DUND	ALK, A	MARYL	AND 21222 Approximate		
	shock, or heart feliure	List only one ceu	se on eech iine	eaui. Do	not enter t	ne mo	ie or dying, suc	II SE CAIGISC OF I	sapiratory o	iiroat,	intsrval Between		
- 1	IMMEDIATE CAUSE (Final disease or condition AS COO)												
	resulting in death)										770.		
_	DUE TO (OR AS A CONSEQUENCE OF):										i 1		
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
Ä	If any, leading to immedists cause. Enter UNDERLYING												
Ĭ	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):												
보	resulting In death) LAST	d											
	PART II. Other significant condition	one contributing to	death but not	meulting	in the und	lerivino	ceuse given in	Part I 24a WM	S AN AUTOPS	V 24	b. WERE AUTOPSY FINDINGS		
N I	PART II. Other significant condition		Geath But not	rosuiting	m the disc	onyms	caose given in	PE	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ă								1 _ YE	s 28 110		DF DEATH?		
×								_			1 TYES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					00 01	ACE OF DEATH (C)	water and a section					
S	EXAMINER?	HOSPITAL:	Tempo Victoria		OTHER:	:							
₹	1 TYES 2 NO 27. MANNEB OF DEATN	1 Inpatient 2 I		26b. Til	-	ng Nom 28c. INJ		6 ☐ Other (Specify, 28d. DESCRIBE N		OCCURED			
	1 Natural 5 Pending	(Month, D		IN	JURY	WO	RK? (ES 2 NO						
В	2 Accident Investigation 3 Suicide & Could not b	28e. PLACE O	F INJURY — At h	ome, farm,	street, factor	ry, offic		261. LOCATION (S)		ber or Rural	Route Number,		
COMPLETED	4 Homicide 6 Could not b	building,	etc. (Specify)					City or Town,	itate)				
Ä	29a. CERTIFIER CERTIFYING PHY	/SICIAN: To the best of	my knowledne d	eath occur	rad at the tim	ne date	and place, and due	to the emine(s) and	menner en i	stated			
MP	(Crieck Only										(a) and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIF				111130				-00000				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER													
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CALL	SE OF DEATH (IT	EM 27) (5a	e. Print)				. '	1-1			
	120050	Reop	M	× (1)	ملح	0	V 94	ಕೆಯಾ	NOW	> 1	25		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	. <	The .	7					0000		
	MAY 9 1990	John David	won-Rand	200									
	1000		4										



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous, after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any in

Ernest

Uzicanin,

32. REGISTRADES SIGNATURE PRINTERS

	1 - FOR STATE REGISTRAR	STATE OF N			TMENT OF	HEALTH AND DEATH	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED		UKE			MONT	of DEATH	1990	3. TIME OF DEATH 2:37 a M			
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTHPLACE (State or Foreign		
	212 7/ 5215	1 🗆 M 2 🎜 F		YRS.	MONTHS DAYS	HOURS MIN.		th, Day, Year)		Country)		
	213-74-5315		89				1 L	01 19	901 Md.			
_]	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN	OR LOCATION OF	DEATH		OF DEATH			
0	MARYLAND GENE	RAL HOS	SPITAL		BAL	TIMORE	CITY	7	BAI	TIMORE CITY		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T	Y. TOWN OR LOC	-7:01				10d. INSIDE CITY		
DIRECTOR	Partition of the same of		,				LIMITS?					
	Md.			Ва		e City				TX YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		[]	Of. ZIP CODE				N OF WHAT COUNTRY?				
Ÿ.	227 N. Lakewood			21224			U.	S.A.				
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	BMED		CENDENT OF HISPA Specify Cuban, Mexic			or No- 14	. RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced FUNCES 1 YES 2 FOR THE STATE OF TH					S 2 NO Spec		ritouri atocy		Specify:		
	3 g Wildowed 4 Divorced									Cauc.		
	15. DECEDENT'S EDUC (Specify only highest grade		ß	Give kind of a	USUAL OCCUPA' work done during i	TION nost of working	18	b. KIND OF BUS	SINESS/INDUS	TRY		
Щ	Elementary/Secondary (0-12)	Collega (1-4 or 5	r)	e. Do NOT us	ŕ		- 1					
MP	Unk.	Unk.		Hous	ewife			Domes	stic			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	IAME (First,	Middle, Maiden	Sumame)			
BE (Edward Kirby				Rebeco	ca	Unk.					
	19s. INFORMANT'S NAME (Type/Print)		-19	9b. MAILING	ADDRESS (Stree	and Number or Rura	l Route Nun	nber, City or Town	n, State, Zip Co	ode)		
2	Renay Alexander	r		222	E. Saratoga St. Baltimore, Md. 2120							
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Remo	and town Cont.	20b. PLACE		SITION (Name of o	emetery, crematory o		20c. LO	CATION — Cit	y or Town, Stata		
	4 Donation 5 Other (Specify)	oval from Stata			more (emeter	J	Baltimore Md.				
	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE	/	11		AND ADDRESS OF				Baltimore St.		
	15 D	190	1.1	16	B D	ahrowski	2 50			e, Md. 21224		
	Coman /	reeve	cost	NX.	1							
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List poly one cause on each line.							t, Approximate Interval Between				
	IMMEDIATE CAUSE (Final									Onset and Death		
	disease or condition resulting in death)	. Seps	is									
		OUE TO	(OR AS A CONS	EOUENCE O	F):							
Z			monia									
임	Sequantially list conditions, if sny, laading to immediata	DUE TO	(OR AS A CONSI	EQUENCE O	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Cone	estive	Hea	rt Far	lure						
E	that initiated events	DUE 10	(OR AS A CONSI	EOUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d										
	PART II Other significant condition	s contributing to	death but ant	regulting	In the underly	ing cause glunn i	o Bort i	Total WAS AN	ALITORRY	24b. WERE AUTOPSY FINDINGS		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE A MALLA							AVAILABLE PRIOR TO COMPLETION OF CAUSE					
Did								1 TES 2	₩ NO	OF DEATH?		
ME								1 TYES 2 NO				
ä	l											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL :				PLACE OF DEATH (Check only o	one)				
S	EXAMINER? 1 YES 2 X NO HOSPITAL: 1 X Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)											
	1 TES 2 NO	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								RED		
Ŧ	27. MANNER OF DEATH				M 1 YES 2 NO							
IY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 🙀 Netural 5 🗌 Pending				M 1							
ВУ	27. MANNER OF DEATH 1 🙀 Netural 5 🗌 Pending	(Month, L	Day, Year) DF INJURY — At 1			YES 2 NO	28f. LO	CATION (Street of Or Town State)	and Number or	Rural Route Number,		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, L	Day, Year)			YES 2 NO	28f. LO	CATION (Street of Your Town, State)	and Number or	Rural Route Number,		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER 1 CERTIFYING PHYSI	28e. PLACE (building	Dey, Year) DE INJURY — At It, atc. (Specify)	home, farm,	street, factory, of	YES 2 NO	Cit	y or Town, State)				
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSI	28e. PLACE (building	Oay, Year) OF INJURY — At the steel of the	home, farm,	street, factory, of	YES 2 NO	Cit	y or Town, State)	nner ea stated			
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, I	Oay, Year) OF INJURY — At the steel of the	home, farm,	street, factory, of	YES 2 NO	ue to the c	y or Town, State)	nner ea atated	i, cause(s) and manner as stated,		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYINO PHYSI	(Month, I	DEF INJURY — At h., atc. (Specify) If my knowledge, consistent and/o	home, farm,	street, factory, of	YES 2 NO	ue to the c	y or Town, State)	nner ea atated			

c/o Maryland General

OHMH-18 Rev 1/89

8

V.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRA
	1. DECEDENT'S
-	ELIZA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR			ICATE OF	DEATH		EG. NO.					
ij	1. DECEDENT'S NAME (First, Middle, Last)					2 DATE OF D	EATH			3. TIME OF DEATH		
	ELIZABETH G. ELK	INS				MONTH O	5 DAY	08	YEAR 90	1035 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH			PLACE (State or Foreign		
	216-30-5056	1 □ M 2 ¬F 5	5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 6/17/			Country			
	9s. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	1	9c. COUN	TY OF DE	ATH		
FUNERAL DIRECTOR	Harbor Hospital	Center		Balt	imore							
<u>입</u>	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY		
PH	Maryland Balti	more	1	Lansdown						LIMITS? 1 YES 2 X NO		
뒿	10e. STREET AND NUMBER			10	. ZIP CODE		1	10g. CITIZ	EN OF WI	HAT COUNTRY?		
ER/	709 Fifth Ave.				2122	7		U.	S.A.	.A.		
5		12. WAS OECEDENT EVER FORCES? 1 YES			ENDENT OF HISPAN ecify Cuban, Mexica			No—	14. RACE Black	American Indian, White, stc.		
BY	1 Never Married 2 Married SYCKNO II yes, specify Cuban, Mexican, Puarto Rican, 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES II yes, specify Cuban, Mexican, Puarto Rican, 1 YES 2X NO Specify:								Specify	Account to the second		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						OF BUSIN	ESS/IND	USTRY			
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	#lfe. Do NOT us	se retired.)	St Or WORKING							
4	9th grade Homemaker											
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle	, Maiden Su	mame)				
BEC	George A. Schmid	t			Pauli:	ne E. C	arro.	11				
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, Ci	ty or Town, S	State, Zip	Code)			
٦	Bernard T. Elkins	709 1	Fifth Av	e. Balt:	imore,	Mary.	land	21	227			
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remon	20 I from State	Ob. PLACE OF DISPOS				20c. LOCA					
	4 Donation 5 Other (Specify)	THE HOIL STATE							Brooklyn Pk, Maryland			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AND ADDRESS OF FACILITY								
	> Chistoday	1 Miles			rd Funera							
	23. PART I. Entar tha disaeses, or co	molications that cause	ed the death. Do	14107	Wilkens A	Ave. F	latli	more	Md			
	shock, or haart fellura. L	ist only one ceuse on	eech Ilna.	iot enter tria inc	de or dying, soci	ii ea ceidiec i	or respirat	tory arre	,	Approximate Interval Between		
-	IMMEDIATE CAUSE (Final disease or condition SEPS/S											
	resulting in daeth) a.		A CONSEQUENCE O	D.								
		POST			PNF.	IM DA	IA			i		
CERTIFICATION	Sequantially list conditione,	DUE TO (OR AS	A CONSEQUENCE O	F):	/ / -	7.07						
A	if any, leading to immediata ceuse. Enter UNDERLYING	Ca L								į l		
윤	CAUSE (Diseese or Injury that initiated avants		A CONSEQUENCE O	F):						+		
E	resulting in death) LAST											
8	- ·									1		
A	PART il. Other significent conditions					Part I. 24s.	WAS AN AU PERFORME			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL	RESPIA	RATURY	125	UFFIC	IENCY	1	NES 2 1			COMPLETION OF CAUSE DF DEATH?		
AEC	GI	BLEE	D				la s			1 TYES 2 NO		
=												
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)			1			
Sic		HOSPITAL:	rtpatient 3 🗆 DOA	OTHER:	e 5 🗆 Residence	6 Other (Sor	iclfv)					
Ξĺ	27. MANNESPOF DEATH	26s. DATE OF INJURY	26b. TIM	E OF 26c. INJ	URY AT	28d. DESCRIB		URY OCC	URED			
ВУР	1 Natural 5 Pending	(Month, Day, Year)	in.	M 1 🗌	YES 2 NO							
- 1	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUR	RY — At home, farm,	atreet, factory, offic		261. LOCATION	(Street and	l Number (or Rural Ro	oute Number,		
COMPLETED	4 Homicide determined	building, atc. (Sp	ecny)			City or Tov	vn, Stare)					
7	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my kno	wiedge, death occurr	ed at the time, date	and place, and due	to the cause(a)	and manne	or on state	M			
ME	ana)									and manner as stated.		
	2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, dash occursd at the time, data and piece, and due to the											
BE	A A A	11/			29c. LICENSE NUN	HOEH	2	DATE	SIGNEO	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	EATH (ITEM 27) (Turne	Print)				,)	10	190		
	51	MALL			Center	Bat1i	nore.	Mar	√ :v1an	r nd		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE				,		J			
MAY 9 1990 Selie Devidson Render												

Stage Hadde, N

	24	#
ó	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills
4	Pe	E 8
2	execu	and
×	2	cian
2	ficate	physi
o O	certi	ding
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death	atten
Š	the	the
7	that	5
3	ires	signe
Ä	nbau	need
	WE GW	has t
M	Ē	ate
>	CIAN	artific
H	13S	is c
7	9	er th
õ	S	Aft
S	TTEN	HOL.
≥	DR A	DIREC
	TAL	RAL
	40SP	UNE
	무	4
	1 O	0.0
	-	-

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	TMENT	OF HE	ALTH AND N DEATH	MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last, ROSE	LLIS						O.S	5 03	5 90		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 090 10 6327 D	5. SEX 8.	. AGE (In yrs. lest	vrs.	IF UNDER	DAYS	IF UNDER 24 HRS, HOURS MIN,	7. OATE (Mont OCT	of BIRTH	1 3	Country	PLACE (State or Foreign York
OR	9a. FACILITY NAME (If not institution, give Holy Cross Hosp						Spring	ATH		9c. COUNTY		tgomery
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN New York Broo		-	10c. CITY	, town or	ok1				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10. STREET AND NUMBER 915 East 7th St			107. ZIP CODE 11230								THAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N		- 6	yes, spe	NOENT OF HISPAN city, Cuban, Maxicar 2 NO Specify	n, Puerto	N? (Specify Yea Rican, atc.)		- American Indian, , White, etc.	
ETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12) 10 years	(Give kind of work done during most of working life. Do NOT use retired.)									TRY	
BE COMPL												
TO B	19a. INFORMANT'S NAME (Type/Print) Robert Teitler		11	1 C1	aybr	ook :	d Number or Rural F Drive, S		er Spri	ng, M	ary	
9	20a. METHOD OF DISPOSITION \[\frac{\text{VO}}{\text{Burdal 2}} \] Cremetion 3 \ \text{Removal from State} \] 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other piece)} \] 20c. LOCATION - City or Town, State Farmingdale, L.I., N.Y. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME											
	Doceald	232 CARROLL STREET, N.W., WASHINGTON, D.C. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										
CERTIFICATION	shock, or heart failure immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate cause. Enter Under Immediate Cause. Enter Under Immediate Cause. Enter Under Immediate Cause. Enter Under Immediate Cause. Enter	a. Response to the second of t	on aach line / / / / CV OR AS A CONSEC	ONENCE OF ACOUNTS OF A	Taill Uma Pi	re	-	ii aa co	tuec or respin	atory arrow		Interval Between Onset and Death 4 days 4 days 2 months
MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only	one)		L	
YSICI	EXAMINER? 1 - YES 2 NO	HOSPITAL:	ER/Outputient 3	□ DOA	OTHER 4 Nur		5 Residenca	6 🗆 Ott	her (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigatio	26a. DATE OF II (Month, Day		28b. Tili	IE OF JURY M		HRY AT RK? 'ES 2 NO	28d. Di	ESCRIBE HOW I	NJURY OCCU	RED	
ETED E	3 Suicide 6 Could not t	building, e	INJURY — At ho tc. (Specify)	ome, farm,	street, faci	ory, office	•	281. LC	CATION (Street a ty or Town, State)	and Number o	Rural i	Route Number,
COMPLE	(Check only	YSICIAN: To the best of m										s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	So wer	c,1	91)			29c. LICENSE NUI	MBER		29d. DATE	SIGNE	(Month, Day, Year)
10	Bruce A. Sive	WHO COMPLETED CAUSE	6 / NI	M 27) (7)	Print)	W.	Wash,	DC	2001	16		
	MAY FOED (Month, Day, Year)	32. REGISTRA	S. SHANDUBE									

*

0 11

U.

atte	use		
tal or	for		
idsor	ched		6
the	deta		9
2	d b		d at
aine	houl		illie
e ref	6.5		9
nay E	pad		ă H
9	ector,		E
Page	al din		ner
ath.	uner		ami.
ter de	the f	wal.	al ex
rs at	6	remo	dica
hou	led in), Or	Ē
in 24	ely fil	nation	Ħ,
with	mplet	Crem	vent
cute	8 p	urial	tic (
e exe	ап ал	101	Ema
ate b	ysici	prio	r tra
ortifica	ng ph	giene	othe
th Ce	tendi	al Hy	0
e dea	he at	Ment	July,
at th	9	and	ny in
thes th	igned	ealth	VS 24
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MP] a	has t	Dept	23
T. Th	cate	State	Item
CIA	certifi	the	, O.
PHYS	this	With	rked
DING	After	death	E
TEN	JOR:	after	28 18
IR AT	IRECT	NUTS 2	E
AL C	AL D	72 PC	H H
SPIT	INER.	thin	H
E H	IE FU	M PE	HTA.
10	1 O	oe file	MPC
-	-	_	_

											7	}	120	26
	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF I				HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	FANNIE	ENGEL					2. DATE OF MONTH	0	î 990	YEAR		ME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER	24 HRS	7. DATE OF	BIRTH Day, Year)		6. BIRTI	HPLACE	E (State or Foreig	
	216-10-0177 9a. FACILITY NAME (If not institution, give si	1 M 2 F	88	YRS.	9b. CITY, TOWN	OD LOCATIO	ON OF DE		6,	7	INTY OF E		MARYLAN	1D
TOR	PIKESVILLE NURSI				P		BALT				DRE			
DIRECTOR	100. STATE 100. COUNTY MARYLAND	,		10c. CIT	Y, TOWN OR LOCA BALTI					41.14	INSIDE CITY LIMITS? YES 2 - NO			
	10e. STREET AND NUMBER				10	f. ZIP CODE	E			10g. CIT	IZEN OF	WHAT (COUNTRY?	
EB	3640 FORDS LA.,A	PT. A					2121	L5			USA			
BY FUNERAL	11. MARITAL STATUS 1				If you, s		n, Maxica	IIC ORIGIN? (n, Puarto Ric /:		a or No—	14. RAC Blac Spec	k, Whit	merican Indian, la, atc. WHITE	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						va	16b. K	IND OF BU	SINESS/IN	OUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)) life.	Do NOT u	Se retired.) KEEPER	ost of working	· V	A	LEXA	NDER	& AI	EXA	ANDER	
00	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S N.							ME (First, Mid	dle, Maiden	Sumame)				
BE	ROSA CARO													
5	19a. INFORMANT'S NAME (Type/Print) MRS. LEAH KAHAN		196	B1 S	RAWHAT	and Number RD.,	APT.	Route Number, 2–C	OWI	NGS M	AILLS	S,MI	2111	L7
	20a. METHOO OF DISPOSITION **Chapter of the control of the contro	oval from State	other pla	ce)	SITION (Name of co		natory or			CATION — BALTI				
	21. SIGNATUJE OF FUNERAL SERVICE LIC	ENSEE	is,			OL LE	EVINS	CILITY SON & RSTOWN				, MD	21215	5
	23. PART I. Enter the diseases, or of ahock, or heart fallure.	complications that	caused the day	ath. Do									Approximate Interval Bats	
	IMMEDIATE CAUSE (Final disease or condition rasulting in death)				st Con	nes						1	Onset and D	
	rasulting in daath)	OUE TO	OR AS A CONSEC	UENCE C	NF):							1	1	_
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									-				
ERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
CEI		d										_		
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	s contributing to	daath but not re	esulting	in the underlying	ng cause (given in		PERFO	RMEO?	24	COM	E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAU EATH?)
N: ME												1 🗆	YES 2 NO	J
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF D	EATH (Ch	eck only one)						
ΙΧSΙ	1 TYES 2 NO	1 Inpetient 2			4 Nursing Ho		eldence	6 Other (
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, Da	ny, Year)		M 1 .	JURY AT ORK? YES 2	NO	28d. OEŞCI	RIBE HOW	INJURY OC	CUREO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF building, a	F INJURY — At hor atc. (Specify)	me, farm,	street, factory, offi	ce		26t. LOCAT City or	ION (Street Town, State		or Rural	Floute I	lumber,	
COMPLET	one)	ICIAN: To the bast of ER: On the basis of ax										(a) and	menner aa stat	ed.
BE.	29b. SIGNATURE AND TITLE OF CURTIFIES	_~					NSE NUI	MBER DYZ		29d. DA	TE SIGNE	O (Mort	th, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITER	4 27) (Typ	s, Print)						-4			

32. REGISTRAR'S SIGNATURE

1-20

Moren 7. wered

MAY 91990

FURDS

ME

TO THE HOSPITAL OR ATTENDING PHYSICIANS: The law requires that the death certificate be executed within 24 and after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Deort, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	r other traumatic event, i
w requires that the death	been signed by the atten of. of Health and Mental H	3 shows any injury, or
INDING PHYSICIAN: The la	R: After this certificate has er death with the State Deg	Is marked, or Item 2:
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTO be filed within 72 hours after	IMPORTANT: If item 28

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF CERTIFICATE O		ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		1 -	2	. DATE OF OEATH	3. TIME OF DEATH				
	CLAUDINE	ARME	STERS GOO	DMAN	MAY 9	1995 /4/D N				
	1. 217-34-8330 25 (27) 1.14	10 M 25 F	rs. lest birthday) IF UNDER 1 YEA MONTHS DAY	B HOURS MIN.	DATE OF BHITH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)				
œ	9a. FACILITY NAME (If not institution, give s			N OR LOCATION OF DEAT	H	9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	HUSPITAL	- BA	- 1/mong		BALTMONE				
Ä	10a. STATE 10b. COUNT	Y	10c. CITY, YOWN OR LO	CATION		10d. INSIDE CITY				
	MI RA	L1	RAL	mont		1 🖂 2 🗆 NO				
₹	10e. STREET AND NUMBER	4	/"	10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1635 / H	MAS AVE		7.17.1	6	4.5.				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	NO If yes	ECENDENT OF HISPANIC specify Cuban, Maxican, I		r No— 14. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 '	YES 2 NO Specify:		Specify: 13				
묘	15. DECEDENT'S EDU (Specify only highest grade	CATION 16	e. DECEDENT'S USUAL OCCUP	TION	18b. KIND OF BUSIN	NESS/INDUSTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	most of working						
鱼	9th Grade		Housewife							
COMPLET	17. FATHER'S NAME (First, Middle, Last)			700	E (First, Middle, Malden Su	ırname)				
BE	Isaac Clayton Yo	ung		Irene P						
户	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADORESS (Street			144.7				
	Charlie Goodman	1 204 04	1635 Thomas			ATION — City or Town, State				
	1 \(\text{A Buriel} \) 2 \(\text{Cremation} \) 3 \(\text{Rem} \) Rem 4 \(\text{Donation} \) 5 \(\text{Other} \) Other (Specify)	oval from State off	her place)			ard County, Marylan				
	21. SIGNATURE OF FUNERAL SERVICE LI			TETY		Funeral Homes, Inc				
	+ Lay X	Rollins		l Gwynns Fa zimore, Mar						
	23. PART I. Enter the diseases, or	complications that caused th List only one cause on each	na death. Do not anter the	mode of dying, such a	sa cardiac or respira	Approximate				
	IMMEDIATE CAUSE (Final	A	11116.			Onset and Death				
	disease or condition	· uncal A	remeato	3						
	DUE TO (GR AS/A CONSEQUENCE OF):									
8	Sequentially list conditions,	DUE TO (OR AS A CO	rely cereb	ral are	ry my	are 375/7				
AT	if any, leading to immediate cause. Enter UNDERLYING	Just to foll all a co	milesornee or p		, ,					
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	d,								
2	PART il. Other aignificent condition	ne contributing to death but	not requiting in the underly	ulas cours sivas in Br	art I. 24s. WAS AN AI	UTOPSY 24b. WERE AUTOPSY FINDINGS				
18	Nypertens	L 4.40	not resolung in the drider	ying cause given in re	PERFORM	IED? AVAILABLE PRIOR TO				
MEDIC	- Ny partiery 3	- T	-		1 YES 2 [OF DEATH?				
					-	1 TYES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Check	k only one)					
Sic	EXAMINER?	HOSPITAL: 1 Mopetient 2 ER/Outpetie	OTHER:	fome 5 ☐ Residence 8						
РНУ	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME OF 28c.	INJURY AT 2	88d. DESCRIBE HOW INJ	JURY OCCURED				
	1 Netural 5 Pending	(Month, Day, Year)	INJURY M 1	WORK7 VES 2 NO						
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet, factory, o	iffica 2	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,				
TED	4 Homicida detarmined	ballating, etc. (opecity)			City or IOW II, State)					
PLE	29a, CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge	ga, death occurred at the time,	late and place, and due to	the cause(a) and mann	or as stated.				
COMPLET	and and					due to the cause(e) and manner as stated.				
ш	26h. BIGNATURE AND TITLE OF CERTIFIE	"V 4		29s. LICENSE NUMB	ER	29d. DATE BIONED (Month, Day, Year)				
100	M. Hir	Malerin	1m,11.	1782/4	12	· 5/7/90				
욘	30. NAME AND ADDRESS OF FERSON W	O COMPLETED CAUSE OF DEATH	TOTAL 275 (Type Pige)	900	4	41.1.1.7				
	M. HOKFSTE	TIEnim	1 LINIL	DE M	A NILL	NOLOLV				
	31. DATE FINANTING Day, 16 1990	732, RECHET HARLE SIDNAT	Mydellik		, ,					

samurasa, isan maa . Wangi sa

•

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	60
D THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death will	MPORTANT: If Item 28 is mai

	1 - FOR STATE OF I	MARYLAND / DEPARTN CERTIFIC	MENT OF HEAD		ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) KATIE CARROLINE B	1.0			2. DATE OF DEATH MONTH DA	-190	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 3/2-36-732 2 1 □ M 2 □ 4	6. AGE (In yrs. last birthday) F		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month Day, Year)	898	NRTHPLACE (State or Foreign ountry) Vi(G:NiQ			
TOR	9e. FACILITY NAME (If not Institution, one street and number) St. Agns Hosp, tal	96	Bal	timos	TH C	9c. COUNTY	OF DEATH U			
DIRECTOR	100. STATE 10b. COUNTY Balt, more	10c. CITY, TO	own or location	ge Ro	J. Perry	Hall	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 5034 Forge Ro) .	10f. ZIP	1128	J	10g. CITIZEN	OF WHAT COUNTRY?			
à l	Navar Married XXXMarried FORCES?	IT EVER IN U.S. ABMED I YES 2/2/NO MAR OR DATES	if yes, specity		C ORIGIN? (Specify Yea , Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	+) iife. Do NOT use re	done during most of itired.)	working	16b. KIND OF BUS	The second of				
COMP	COLLEGE + 17. FATHER'S NAME (First, Middle, Last)	TEACHER		MOTHER'S NAM	E (First, Middle, Malden	Sumame)				
TO BE	PETER BLOUN 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD			oute Number, City or Town	21	128			
	REV. GEORGE B. GWYNN 20. METHOD OF DISPOSITION AN Burlal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE OF DISPOSITION	ON (Name of cemeter)	commetory or		CATION — City	or Town, State			
	AX Burial 2 Cremation 3 Removal from State other places ARKWOOD CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSIS NAME AND ADDRESS OF FACILITY NUTTER FUNERAL HOMES, INC. 21216 2501 GWYNNS FALLS PKWY. BALTO. MD.									
	23. PART i. Enter the diseases, or complication ahock, or haert failure. List only one call iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	the death. Do not use of ach line.	ILUMA				Approximata interval Batween Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI	PART ii. Other significant conditions contributing to	PART ii. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	26. PLACE	OF DEATH (Che	ck only one)					
PHYS	27. MANNER DF DEATH 28s. DATE O	□ ER/Outpetlent 3 □ DOA 4	DF 28c, INJURY WORK?	AT	Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCUR	ED			
BY	1 Natural 5 Pending Investigation 2 Accident Suicide 6 Could not be determined determined determined 1 Homicide Suicide 1 Homicide Suicide 1 Homicide Suicide 1 Homicide Suicide Suici									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basic of						iuse(e) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29	c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	cotul As								
	31. DATE FILED (Month, Day, Year) 32. BEGIST	AR'S STORAGE								

TO BE COMPLETED BY FUNERAL DIRECTOR

after death. Page 6 may be retained by the lawy must be the funeral director, page 5 should be detransion, or removal.	I, the medical examiner must be notified at one	TO BE CO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med. By the funeral director, page 5 should be detained within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO	0.		
1. DECEDENT'S NAME (First, Middle, Lest)	ANNE M. GRI				2. DATE OF DEATH MONTH MAY		9 ⁵ 290	3. TIME OF DEATH 1: 20P M
4. SOCIAL SECURITY NUMBER 296 05 8710	5. SEX 8. AGE	(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 18		6. BIRTHE	PLACE (State or Foreign
98. FACILITY NAME (# not institution, give s HOLLY HILL N. H.	street and number)		96. CITY, TO	wn or location of di			NTY OF DE	
	čimore	10c. CIT B 2	TY TOWN OR L	OCATION 3.6			T	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 617 Murdock Roa	ad			101. ZIP CODE 21212			S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 V Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 2 NO	If ye	DECENDENT OF HISPAI a, specify Cuban, Maxica YES 2 NO Specifi	in, Puarto Rican, etc.)	ee or No—	Black,	- American Indian, White, atc. hite
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 years		18e. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b. KIND OF B	USINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Albert voi	n-Mach				Me (First, Middle, Maide Mellor	n Surnama)		
David Groom				gh Rd. Tow			Code)	
20e METHOD OF DISPOSITION 1. Duriel 2 Cremation 3 Rem 4 Donation 9 Other (Specify)	noval from Stata			of cometery, cremetory or Cemetery		ocation –		
21. SIGNATURE OF FUNERAL SERVICE H Dennis Steph	a) Nan Hen	aks		ne and address of fa		e 6500) Yor	k Rd 21212
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Severe DUE TO (OR AS	- WIS	mary	artery	diseos			Interval Batween Onset and Daath
PART II. Other algorificent condition	na contributing to death i	but not resulting	In the under	rlying cause given in		N AUTOPSY DRMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	88. PLACE OF DEATH (Ch				
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 280	Home 5 Residence INJURY AT WORK? YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,			281. LOCATION (Stree City or Town, Stat		or Rural R	oute Number,
	ICIAN: To the best of my know ER: On the basis of axamination							and manner as stated.
296. SIGNATURE AND THTLE OF CERTIFIE	MO.			29c, LICENSE NUI	MBER 5/7	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE TO BE THE PROPERTY OF THE PERSON WE	LAIKEN 1	1.D. 63	0/ N	1- Charle	es St. 1	Balt.	M	1 21212
MAY 9 1990	July Davidson	janaces						

BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mer. after death; Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
9	hin 24 hours	tely filled in the	t, the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed with	to burial, crer	matic even
O. BOX	certificate be	fing physiciar ygiene prior	other trau
DS, P.	if the death	by the attending Mental H	/ Injury, or
RECOR	requires that	een signed of Health a	shows am
VITAL	IAN: The law	tificate has I	or item 23
ON OF	DING PHYSIC	After this cer death with th	marked,
DIVISIO	. OR ATTENC	DIRECTOR:	item 28 is
	TO THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled lin by the it be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN	-	
	1. DECEMENT'S NAME (First, Middle, Last)	H.	17	ESE		2. DATE OF DEATH	90	ar 6/5 A M
		SEX 6. AGE (I	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 4, 1		HITTHPLACE (State or Foreign Country) ARYLAND
TOR I	98. FACILITY NAME (If not institution, give stree ST) 05 E P	It Hos,	pitaL	-	OR LOCATION OF C	PEATH	DAL-	OF DEATH TIMORE
DIRECTOR	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
		IMORE		BALTIMO				1 TES 2 NO
RAI	100. STREET AND NUMBER 8709 VALLEYFIELD RO	DAD		1	on. ZIP CODE 21 093		U.S	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON WW.L.	2 NO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No 14.	ACE — American Indian, Block, Whita, stc. Specify: HITE
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 12 Years 4		16a. DECEDENT'S (Give kind of a Me. Do NOT us	work done during n se retired.)	ION nost of working	16b, KIND OF BU	USINESS/INDUST	RY
COMPLET	17. FATHER'S NAME (First, Middle, Last) HERMAN R. GIESE	rears		ANI		AME (First, Middle, Maide E W. HURLE)		
TO BE	19a. INFORMANT'S NAME (Type/Print) MARY RUTH GIESE					Route Number, City or To		^(e) 21093
	201. METHOD OF DISPOSITION 11 Burlal 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	D <i>E</i>	PLACE OF DISPOSALTIMORE	CEMETE	emetery, crematory or RY			, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Robert	M. Krat	Z	HELL-WIE	AGUTY DEFELD HOM		YORK ROAD IMORE, MD 2121
	23. PART I. Enter the diseases, or cor shock, or heert failure. Lis IMMEDIATE CAUSE (Final		ach line.		en en en en en en en en en en en en en e	ch as cardiac or rea	piratory arrest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE O		pathy			years
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	P):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
CAL	PART II. Other significent conditions	contributing to death b	ut not resulting	in the underlyi	ng cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
V: MED						_ ' ' '	·8	OF DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:		HOSPITAL:	netient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	theck only one)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day: Year)	28b. TW	JURY Y	NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined							Bural Route Number,	
COMPLET	one)	AN: To the best of my know On the basis of examination						nuse(a) and manner as stated,
96	29b. SIGNATURE AND TITLE OF THE PERFERENCE OF TH	4			29c. LICENSE NI	UMBER 2)2	29d. DATE SI	GNED (Month, Day, Year)
10		COMPLETED CAUSE OF DE		Print)	50612	o Sister	Pi erre	Mr. Tangan ner
	MAY 9 1990	32. REGISTRAR'S SIGN	TOTION					

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. And the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.
TO THE FUNERAL URECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Corinne Alvey G	reene				MONTH - 5	" - Š	0 10 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR		7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	180-24-5312	1 □ M 2/(XF 9	2 YRS.	MONTHS DAYS	HOURE MIN.	7-31-189	7 M	aryland			
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	OR LOCATION OF DEA	тн	9c. COUNTY	OF DEATH			
OR	Presbyterian Hom	e of Marylan	d	Towson			Balt	imore County			
[다	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TV -	100 CIT	Y, TOWN OR LOCAT	PION			10d. INSIDE CITY			
DIRECTOR	Maryland	•		altimore				LIMITS?			
	10e. STREET AND NUMBER				I. ZIP CODE		100 CITIZEN	1 △ YES 2 □ NO			
RA	St. Paul & Unive	rsity Pkwy.			21218			S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			C ORIGIN? (Specify Yes		RACE — American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxican,	Puerto Rican, etc.)		Black, While, etc.			
ВУ	3 🛣 Widowed 4 🗌 Divorced				Table speeds			Specify: White			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	(Give kind of v	USUAL OCCUPATION	ON ost of working	16b. KIND OF BUS					
9	Elementary/Secondary (0-12)	Collage (1-4 or 5+)	life. Do NOT us	a retired.)		Baltim					
₩		4 years	Liement	cary Edu		Public		IS			
용	17. FATHER'S NAME (First, Middle, Lest) Howerton Crosse	Alvoy			Corinne	E (First, Middle, Maiden	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	Alvey	404 4440 040	10000000		oute Number, City or Tow					
유	Fadra L. Greene	4				Luthervi		*			
	20s. METHOO OF DISPOSITION		b. PLACE OF DISPOS					or Town, State			
	1 M Burial 2 Cremation 3 Rer 4 Donalion 5 Other (Specify)	noval from Stata	Druid Ric	lge Ceme	terv			le, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE L		-	22 NAME AL	NO ADORESS OF FAC	ILITY					
	> John G. R.	Ret		Mitc	hell-Wied	defeld Hom	le Mar	yland 21212			
-	23. PART I. Enter the diseasea, pr		d the death. Do a								
	ahock, or heert fallure	. List only one cause on	ech ilne.	or enter the mo	or dying, auch	as cardiac or respi	retory arrest	Approximate Interval Between Onset and Death			
3	iMMEDIATE CAUSE (Final disease or condition	10. 1	a la da i L								
	reaulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	HSCUIL	of 100	Hen		5 Dox			
_	Sequentielly list conditions, If any, leading to immediate Image: Course (Final disease or conditions, If any, leading to immediate Image: Course (Final disease or conditions, If any, leading to immediate Image: Course of the course										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	F):	EICIUCI	12/2013		1/3			
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C									
띨	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):							
H	reaulting in death) LAST	d									
AL C	PART II. Other algnificant condition	na contributing to death	but not resulting	In the underlyin	g cause given in F	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
2	Anteniosele	notice C	V. D	sitse		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC						1 TYES 2	X	OF DEATH? 1 YES 2 NO			
						_					
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26, PI	LACE OF DEATH (Che	ck only one)					
Sic	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Horn	ne 5 🗆 Rasidenca 6	Other (Specify)	34. Dew	aut 14000			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUR	REO			
ВУ	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO						
ED	3 Suicide 6 Could not be	26a. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, s	street, factory, offic	:•	26f. LOCATION (Street City or Town, State)		Rural Route Number,			
	4 Homicide determined										
립		SICIAN: To the best of my know	wledge, death occurr	ed at the lime, data	and place, and due t	to the cause(a) and ma	nner as stated.				
COMPLET	one) 2 MEDICAL EXAMIN	IER: On the basis of examination	on and/or investigation	on, in my opinion, o	death occured at the t	ime, data and place, ar	nd due to the c	ause(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER 1	<i>u</i>		29c. LICENSE NUM	BER	29d. OATE S	IGNEO (Month, Day, Year)			
10 B	Meno	114 1	411)		0110	26	5.	7-90			
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type,		,	7		4.00			
	J.V. VEIU	17/3 6	3. Post	6/0 W	WOWL	4 704	1500	M1) 21204			
	31. DATE FILED (Month, Day, Year)	TZ: REPSIPANGE	URE								

Y 5, 39

DHMH-16 Rev 1/89

	MEDICA
	PHYSICIAN:
1	BY
	ETED

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF D									3. TIME OF DEATH			
Alverdia C Gorrell								May 8,1990 7:45 A				
	4. SOCIAL SECURITY NUMBER	DRITY NUMBER 5. SEX 6. AGE (In 2021 ∧ 1 □ M 2 1/2 F 8						24 HRS.				THPLACE (State or Foreign htry)
14	215-12-2931 A	83	YRS.	womins	UATE	ноона	Mirt.	July	23,		Maryland	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH	1	9c. COUNTY OF	DEATH
5	Memorial Hosp	ital			E	las	ton				Talbo	ot
ן וְי	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c. CIT	Y. TOWN O	LOCAT	TION					10d. INSIDE CITY
												LIMITS?
										10a, CITIZEN OF	WNAT COUNTRY?	
FUNERAL	P.O. Box 423						216	73			U.S.	
Ĕ	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.	S. ARMED	13. W	AS DEC			IIC ORIGIN? (Sp	ecify Yee or	r No 14. RA	CF — American Indian.
	1 Never Married 2 Merried	FORCES? 1	YES 2	₹ NO	lf 1	yes, sp	2 NO	n, Mexica Specifi	n, Puerto Ricen,	, etc.)	Bla Sou	ck, white, etc.
2	3 X Widowed 4 Divorced											
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16	e. DECEDENT'S	work done d			na	16b. KINE	OF BUSIN	ESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8	+)	Itte. Do NOT us	e retired.)	11.5				11 7	1 1	
COMPL	4 th			Telep	hone	Оρє	v .					t Coal & Fuel Co
3	17. FATHER'S NAME (First, Middle, Last)		VII 1.4.1						ME (First, Middle	, Maiden Su	irneme)	Engles
N L	Harry		Whelt	T				lara				Engles
2	19e. INFORMANT'S NAME (Type/Print)			17 THE 18 THE 18 PERSONS					Route Number, Co		The state of the s	
	EVELVN M. KL	<u>irtz</u>	T 001 01						appe. M		and 2	
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem	oval from State	00	ACE OF DISPOS her place) TTAINE			5 / 1 1 ₁				timore,	
	4 Donation 5 Other (Specify)	ENSEE					ND ADDRE		CILITY			
	1.11 / L	Milton	i J Kr	night Jr					E	Baltir	more, M	ld. 21214
11	Mulon J. A	ment,	-									rford Rd.
	23. PART I. Enter the diaeases, or c shock, or heart failure.				not antar	tha mo	da of dy	ing, auc	h aa cardisc	or respire	tory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	- 1										Onset and Death
ı	disease or condition resulting in death)	a. PNE DUE TO	1/20.11	A								3days
		DUE TO	OFF AS A CO	ONSEQUENCE O	F):							
S	Sequentially list conditions,	b. Due to	OR AS A CO	ONSEQUENCE O	E)·							-
¥	if any, leading to immediate cause. Enter UNDERLYING	nit/i	(0)		.,,							1
HILLICATION	CAUSE (Disease or Injury that initiated events			ONSEQUENCE O					-			
H	reaulting in death) LAST	d. 13/127	mas/	Con	thro	VA	100%	1798	Rudo	175		2 W144/65
S	PART II. Other significant condition										I.	
MEDICAL	Chronic ATI	_			in the un	ueriyin	g cause	given in	Part I. 24a	PERFORM		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
֓֞֟֝֟֟֟֟֝֟֟֟֟֟	CHIOLIC MIN	4/ /14	- (1/4/	100					1 [YES 2	⊒ NO	OF DEATH?
- 1									_			1 YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL					20.0	LACE DE	SEATH AND	eck only one)			
SICIAN:	EXAMINER?	HOSPITAL:	ED/Outenation	ant 3 🗆 DO4	OTHER	l:				M-A		
Ä	1 Sinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
١٤	1 Natural 5 Pending	(Month,	Day, Year)	IN.	JURY		ORK? YES 2	NO				
8	2 Accident investigation 28a PLACE OF IN-HIRY — At home farm street fectory office. 28t LOCATION (Street and Number or Burel Boute N								I Route Number,			
Suicide 6 Could not be determined building, etc. (Specify)												
4	29e. CERTIFIER Observed and 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end manner se stated.											
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner at								e(a) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								ED (Month Day Year)				
出	7 1.//3			25			m	7)	3/4/	/	D -/	9/90
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH				1, 14	-	11/66	2	3/	1110
	1 yolars J. Fs /	Stdfn 7	11 107			DUTE	6 m	9~1	LANC	c the	170-1 M	1 21601
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATU	URE	1	-1					,	7
	MAY 91990 3	And Savidso	n-Band	روو								

.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		1	CERTIF	ICATE	OF I	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	w	YEAR	3. TIME OF DEATH
	JEANNETTE GLASS							MAY 3	, 199	90	TEAR	6:15 P M
- I	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs.	. last birthday)	IF UNDER t Y	_	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRT	HPLACE (State or Foreign
- 8	216-03-3082	1 □ M 2 🔀 F	75	YRS.	MONTHS D	HS DAYS HOURS MIN. (Month, Day, Year) 1914 Country)						"MARYLAND
	9a. FACILITY NAME (If not institution, give si				96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH -	
S.	THE JOHNS HOPKI	NS HOSPIT	'AL		BALTIMORE							
DIRECTOR	RESIDENCE OF DECEDENT			_				· · · · ·				
R	10e. STATE 10b. COUNTY		-	10c. CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?
	MARYLAND	BALTIMOR	E		BAI	_	MORE					1 YES 2 X NO
3AI	10e. STREET AND NUMBER	700 6				101.	ZIP CODE			- 50		WHAT COUNTRY?
FUNERAL	4 POMONA WEST, A						2120			US		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1			lf y	es, spec	NDENT OF HISPAN cify Cuban, Maxica	n, Puerlo Rice		or No	14. RAC Blac	E American Indian, ik, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1	YES 2	2 NO Specify	t:			Spe	WHITE
	15, DECEDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OCC	UPATION	N	16h Kil	ND OF BUS	RINESS/INI	DUSTRY	***************************************
E	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done duri se retired.)	ing most	t of working	1000 100				
P.	12	conege (1-4 or 5 +)	ļ	HOU	SEWIF	E _			AT H	HOME		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	ME (First, Midd	le, Meiden	Sumame)		
	DAVID SIMON						IDA					
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street and	d Number or Rural F	Route Number,	City or Tow	n, State, Zi	p Code)	
5	FREDERIC GLASS			4 F	OMONA	WES	ST, APT.	6 BA	ALTIM	ORE,	MD	21208
H	20a, METHOD OF DISPOSITION 1 Deniel 2 Cremation 3 Rem		20b. PL/	ACE OF DISPO	SITION (Name	of ceme	etery, crematory or		20c. LO	CATION	City or 1	own, Stata
	4 Donation 8 Other (Specify)	OVAI From State	A	RLINGT	ON (CI	HIZU	UK AMUNC)	BAL	TIMO	RE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NA	ME AND	D ADDRESS OF FA	CILITY	OC.	TNIC		
1	> Willense	e Low	Ms	0			REISTER					MD 21215
	23. PART I. Enter the disesses, or o	complications that	caused tha	dsath. Do								Approximata
	shock, or heart failure.						100		,			Interval Between Onset and Death
	disease or condition Account											
	resulting in death)	DUE TO (OR AS A CON	NSEOUENCE O	<u>/) / / で</u> f):	17				-		0 1111
7		· Ou	irue i	he/min	Sec	200	4					2 days
0	Sequantially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CON	NSEQUENCE	F):	2.4						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Mas	sive	Inte	Bral	I.	nfarchio.	7				2 days
E	that initiated events	DUE TO (C	OR AS A COM	NSEOUENCE O	F):							3 /0
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other algorificant condition	na contributing to d	leath but n	ot reaulting	In the unde	rlying	cause given in	Part I. 24	a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
EDICAL	1/1/	nohoma							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Mul	lodyspl	Li	Sy	1000	- 1		_ '	YES 2		- 1	OF DEATH?
2	717	1004361	0/// (10100	2.(1 TYES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	a Home	5 Realdence	8 Other /S	nec/fv)			
H	27. MANNER OF DEATH	28a. DATE OF II		28b. TIR	IE OF 21	Bc. INJU	JRY AT	28d. DESCR		NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day	, Year)	IN	M	WOR	RK? ES 2 NO					
) BY	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF		At home, farm,	street, factory	y, offica					or Rural	Route Number,
Ë	4 Homicide determined	bullong, e	tc. (Specify)					City or I	own, State)			
片	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of n	ny knowledge	e, death occur	red at the time	e, date s	and place, and dua	to the cause(s) end me	nner as st	eted.	
COMPLETED	don't drilly											(a) and manner as stated.
	29h, SIGNAÇURE AND TITLE-OF CEBERGE	» /					294, LIÇENSE NU	MBER		29d. DA	TE SIGNE	D (Morith, Day, Year)
BE	12 + 114	llen	kn				0341	30		1	-/-	1/0.
9	10. HAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSI	E OF DEATH	(ITEM 27) (Type	o, Print)		1200	N. W	DRAS.	Spin	1	2128
	Kubort 1	Jolin	27	MO		Ja	hac	Honk	1:		Ho	10:41
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		RE			.,,,,		111		,,00	1
	2000	1000	Sid.	٠. مع	אַר מע							
	MAY	9 1990 -	950	U DOUNG	1-10-1							DHMH-16 Rev 1/89

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANE		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) MIL NR ED		6	01 1		2. DATE OF DEATH MONTH DA	AY YEA		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	**	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign country)	
	217-05-8283 90. FACILITY NAME (If not institution, give	1 M 2 F 76	YRS.	AONTHS DAYS	HOURS MIN.	FEB. 21,1			
TOR	SINA I	HOSPIT		BALTIM					
DIRECTOR	100. STATE 10b. COUNT MARYLAND	Y BALTIMORE	10c. CITY,	TOWN OR LOCAT BALTI				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 6644 SANZO RD.	- APT A.		10f	ZIP CODE 21209			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∠NO		ecify Cuben, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, stc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	SUAL OCCUPATION of done during more retired.) SEWIFE		16b. KIND OF BUS		RY	
BE COM	17. FATHER'S NAME (First, Middle, Last) KARL SCHWART	Z				ME (First, Middle, Meiden NAH KAT2			
TO B	190. INFORMANT'S NAME (Type/Print) MILTON H. GOLD		196. MAILING /	ADDRESS (Street of SANZO RI	ond Number or Rural I	A BALTII	n, Stete, Zip Cod MORE, M		
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 🛣 Cremetion 3 □ Ren 4 □ Donetion 5 🔎 Other (Specify)	noval from State oth	ACE OF DISPOSI or place)		netery, cremetory or		CATION — CITY OF		
	21. SIGNATURE OF FUNERAL SERVICE LI		J	22. NAME AN			INC.		
	23. FART I. Enter the disease or shock, or seert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SE	ine.	15					
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	b. SIP COURT TO (OR AS A COL	4RD	IAC	ARRI	EST (CPR	?)	
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COI	NSEQUENCE OF	:					
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	ns contributing to death but n	not resulting Ir	the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PI	LACE OF OEATH (Ch	eck only one)			
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Distribution: 2 GER/Outpaties 28e. DATE OF INJURY (Month, Day, Year)		OF 28c, INJ	ne 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCURI	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — A	At home, farm, st		YES 2 NO	281. LOCATION (Street City or Town, State)		Rural Route Number,	
ETE	4 Homicide determined								
COMPLETED	(Oriotin Orin)	SICIAN: To the best of my knowledg						ouse(e) end manner es stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFII C./LUNEA	MD			29c. LICENSE NUI	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON W	HOSPI 7	(ITEM 27) (Type,	Print)			811		
	MAY 9 1990	the Levidson Banda	ML.						

12321 01

4 + 2 00

· ×

.

A.S.

1 A 10 2 4 19

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, IRENE		GC	LDFE	IN			2. DATE OF 1	DA)6	year 90	. TIME OF DEATH		
i	4. SOCIAL SECURITY NUMBER 216-09-0423	3	1 🗆 M 2 💢 💢	(in yrs. last	birthday) 7 Ares.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da 04/10	HRTH y, Year)		6. BIRTHPL Country)	ACE (State or Foreign
TOR	GREATER B	BALTIMO	DRE MEDICAL	CENTE	ER		OWS	PI LOCATIO	ON OF DE	ATH			TY DE DEA	TH
DIRECTOR	10a. STATE	10b. COUNTY	BALTIMORE		10c, CIT	Y, TOWN C		RVILI	Œ					04. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER		•				101	. ZIP CODI	2109	93		10g. CITIZ		AT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 [YES IF YES, GIVE WAR OR I	2 ∑ N	MED		If yes, sp			IC ORIGIN? (S n, Puerto Ricer :		or No—		- American Indian, White, etc. WHITE
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C 12	y highest grade	CATION completed) Coffege (1-4 or 5+)	(Gi	Do NOT us	work done	during mo	ON et of worldr	ng	16b. KIN		HOME		
BE CON	17. FATHER'S NAME (First, M BENJAMIN WE)							18. MOT		ME (First, Middle RA HOL)				
10 E	GILBERT F. C	JEROME			P.O.					ANDVIL			^{Code)} 21022	2
	20a. METHOD OF DISPOSIT 1	on 3 Rem (Specify) R	NTOMBMENT	other ple	ice)	HALO	ME ME	MORIA	AL PA				ERST	
	21. STANTURE OF FUNERA	IL SERVICE LI	Lewis	2			SO		VINS	ON & BI STOWN				4D 21215
	Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) But To (or as a consequence or):													
NO	Sequentially list condit	tions,	b. SEIZURE DUE TO (OR AS	DISOF	RDER									
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	ing ury	LT. C.V.	A WIT	TH RT	HEM	IIPLI	EGIA						
	PART II Other significa		d	hut not r	neultina	in the w	nderlyin		alwa in	Part I 24	R. WAS AN	ALITODEV	245. 9	YERE AUTOPSY FINDINGS
MEDICAL							Tour year	g carooc	giveirin		PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL					26. P	LACE OF D	DEATH (Ch	eck only one)				
IYSIC	EXAMINER? 1 YES 2 NO		HOSPITAL: 1 V Inpatient 2 ER/Ou				raing Hon		esidence	6 Other (S)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year))		JURY M	1 🗆	YES 2	□ NO	28d. DESCRI				
	4 Homicide	Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	ecify)							own, State)			ute Number,
3 Suicide 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								and manner as stated.						
TO BE		. AKK	AD, M.D. G	.В.М.				29c. LIC	ENSE NUI	MBER		29d. DAT		Month, Day, Year) 16/90
	Elisabeth	k.L	UCAS, HO (Atte	din	s, Princ)	ysici	an)	Elis	salve 1	e 1	c.W	cos,	10 5/6/90
	MAY 9 1990 Suh Deviden-Randelle													

	MILE
	A h
	C
,	with
-	p
F. C. DOA 13140	xecute
•	2
5	9
á	tificat
j	Cec
Ľ	leath ce
ñ	the d
Š	#
_	tha
Ś	Se
טרטטוו	requi
וואר חני	₩
-	92
_	Ē
>	PHYSICIAN:
F	3
)	폾
Ξ	ING
2	문
DISIAID	DR ATTENDING
E	DR
_	M

31. DATE FILED (Month, Day, Year)
IMAY 9 1990

32. REGISTRAR'S SIGNATURE

	1. OECEDENT'S NAME (First, Middle, Last) MARGARET	N	<i>/</i> .	GE	IMA	W			2. DATE MONT Ma		990	YEAR	3. TIME OF OEATH	1
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	_	IF UNDER			OF BIRTH		8. BIRTH Count	HPLACE (State or For	oign
	220-14-7965	1 □ M 2 🔀 F	6	YRS.	MONTHS	DAYS	HOURS	MIN.		1-23			ntucky	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	TOWN OF	LOCATION	ON OF OE	ATH		9c. COU	NTY OF D	DEATH	
стов	Anne Arundel Ho	ospital			Gler	n Bi	urn	ie			An	ne A	Arundel	
띦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CT	Y, TOWN OR	LOCATIO	ON						10d, INSIDE CITY	
DIR		e Arunde	21	9.53	ownst	vil:		F			40- CIT	TZEN OF 1	LIMITS? 1 YES 2 XI WHAT COUNTRY?	МО
ERAL	Crownsville St	ate Hosr	\1+ = '	1		101.								20
FUNE	11, MARITAL STATUS	12. WAS DECEDEN			13. W	AS DECE		LO 32 United States TOF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian,						
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES	2. NO	If yes, specify Cuben, Mexican, Puarto Rican, atc.) Black, White, atc.									
BY	3 5 Widowed 4 Divorced							WF	nite					
	15. DECEDENT'S EDI (Specify only highest grad	16a, DECEDENT'S	USUAL OCC			10	161	b. KIND OF BUS	INESS/INI	DUSTRY				
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +	· .	IHe. Do NOT I										
COMPL	12 years	2 years	3	Engin	e Med					Marti		arie	etta	
8	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden	Surname)					
BE	John L. Davis Lula Gose													
0	19a. INFORMANT'S NAME (type/Print) 19a. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)													
-	Cheryl Ritter 300 Queen Anne Rd Glen Burnie, MD 21061 20a. METHOD OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION — City or Town, State													
	20a. METHOD OF DISPOSITION 1 □ Burial 2x1x Cremation 3 □ Ren	novel from State		other place)					_					
	4 Donation 5 Other (Specify)	ceuste (//	- I G1	<u>reen M</u>				tory		-7 + 90	Ba	ltin	more, M	<u>D</u>
	han track Funeral Home of Dundalk, 17922 Wise Ave. Dundalk, MD 21222											of	Dundal	k,
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fallure. List only one cause on each line.										alk	. MI		
													21222 Approxima	
		List only one cau	ise on aad	ch line.	not enter t	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			21222 Approxima	twee
	shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau	ise on aad		not enter t	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
	shock, or heart fallure. IMMEDIATE CAUSE (Finel	s. DUE TO	OR AS A	CONSEQUENCE	not enter the	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
NO	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth)	s. Candon Due To	OR AS A	consequence	ort enter the second of the se	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
TION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate	s. Candon Due To	OR AS A	CONSEQUENCE	ort enter the second of the se	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
ICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. Can de Due to Due to c	OR AS A	CONSEQUENCE	OF):	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING	s. Can de Due to Due to c	OR AS A	consequence	OF):	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
ERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Can de Due to Due to c	OR AS A	CONSEQUENCE	OF):	he mod	la of dy	Ing, suc	h as csr	rdiac or reepi			Approxima Interval Be	twee
L CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Candon Due To b. Due To c. Due To d.	(OR AS A (OR AS A (OR AS A (consequence (OF):	Tuo	One of dy	es)	h as cer	24a. WAS AN	AUTOPSY	rrest,	O 2 12 2 2 Approximatinterval Be Onset and	Dea
L CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or Injury that initiated events resulting in deeth) LAST	s. Candon Due To b. Due To c. Due To d.	(OR AS A (OR AS A (OR AS A (consequence (OF):	Tuo	One of dy	es)	h as cer	diac or reepi	AUTOPSY	rrest,	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea
EDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or Injury that initiated events resulting in deeth) LAST	s. Candon Due To b. Due To c. Due To d.	(OR AS A (OR AS A (OR AS A (consequence (OF):	Tuo	One of dy	es)	h as cer	24a. WAS AN	AUTOPSY	rrest,	D 2 12 2 2 Approximatinterval Be Onset and	Dea NDING
: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or Injury that initiated events resulting in deeth) LAST	s. Candon Due To b. Due To c. Due To d.	(OR AS A (OR AS A (OR AS A (consequence (OF):	Tuo	One of dy	es)	h as cer	24a. WAS AN	AUTOPSY	rrest,	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea NDING
AN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	s. Due to b. Due to c. Due to d	(OR AS A (OR AS A (OR AS A (consequence (OF): OF): In the und	S (Control of the model of the	cause	es)	Part I.	24a. WAS AN PERFOR	AUTOPSY	rrest,	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea NDING
SICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	s. Candon Due To b. Due To c. Due To d.	(OR AS A (OR	consequence (consequence (consequence (the first of the consequence (cons	OTHER:	iertying	Cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY	rrest,	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea NDING
SICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	s. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A (OR	CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (It not resulting stient 3 DOA 28b. Ti	OF): OF): OF): OF): OTHER: 4 Nursh ME OF 2: JUNY	iertying	Cause	given in	Part I.	24a. WAS AN PERFOF 1 YES 2	AUTOPSY MED?	244	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea NDING
Y PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	s. Due to b. Due to c. Due to d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, p. 1/2)	(OR AS A (OR	CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (The transfer of the consequence (CONSEQUENCE (CONSEQUENC	OF): OF): OF): OTHER: 4 Nursi	26. PLJ: ing Homes 28c. INSU WOF 1 V	Cause	given in	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	244	D 2 12 2 2 Approximatinterval Be Onset and Ons	Dea NDING
TED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	S. DUE TO b. DUE TO c. DUE TO d	(OR AS A (OR	CONSEQUENCE (CO	OF): OF): OF): OTHER: 4 Nursi	26. PLJ: ing Homes 28c. INSU WOF 1 V	Cause	given in	Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?	244	D 2 12 2 2 Approximatinterval Be Onset and Interval Be Onset and I	Dea NDING
ETED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation with the provided investigation of the provided investigat	S. DUE TO b. DUE TO c. DUE TO d	(OR AS A (OR	CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (The not resulting and the not resulting At home, farm.	OTHER: 4 Nursi	26. PL/: ing Home 28c. WOF 1 You	Cause ACE OF C 5 GRI RY TRY TRY ES 2 [given in	Part I.	24a. WAS AN PERFOR 1 YES 2 CATION (Street of or Town, State)	AUTOPSY MED?	244 CCURED or or Rural	D 2 12 2 2 Approximatinterval Be Onset and Interval Be Onset and I	Dea NDING
TED BY PHYSICIAN: MEDICAL CERTIFI	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation Suicide G Could not be determined.	S. DUE TO b. DUE TO c. DUE TO d	(OR AS A (OR	consequence (consequence (consequence (trinot resulting at home, farm At home, farm	OTHER: 4 Nursi	26. PLJ: ing Home 28c. WJC 1	Cause	given in	Part I. S Oth 26f. LO	24a. WAS AN PERFOR 1 VES 2 Or (Specify) ESCRIBE HOW I	AUTOPSY IMED?	24I	D 2 12 2 2 Approximatinterval Be Onset and b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 A P	NDING TO AUSE

HUMANUIK

AKA-Frances C. Hurman

2. DATE OF DEATH

3. TIME OF DEATH

1.10 AM

28

DHMH-16 Rev 1/89

YEAR

1990

	- 11:						T	1		/	
	- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- 1	B. BIRTHPLACE (State or Foreign Country)	
-1	1	219 32 1143 D	1 M 2 F	86	YRS.	WORTHS DATA	noone min.	6-7-190	3	Maryland	
		9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	- 6/	_	TY OF DEATH	
000		Hambar Hamilton	7 0	_							
0		Harbor Hospita	il Center			Balti	more	City	_=	=====	
DIRECTOR		10a. STATE 10b. COUNTY	,		100 CIT	TY, TOWN OR LOCATION 10d. INSIDE CITY					
2				-			ITON			LIMITS?	
	- 114	Maryland Ann	ie Arunde	1	Pa	sadena				1 TES 2 T NO	
4		10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
8		518 Sylvan	War				21122)	TI	S.A.	
FUNER		11. MARITAL STATUS		T EVER IN U.S. AR	MED	12 144 05		NIC ORIGIN? (Specify Ye		14. RACE - American Indian.	
13		1 Never Married 2 Married	FORCES? 1	YES 2 XI		If yes, s	pecify Cuban, Mexic	an, Puerto Ricen, atc.)	o or No—	Black, White, etc.	
l≽		3 XX Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 🗌 YE	S 2 NO Speci	ffy:		Specify:	
	- 10		1							White	
6		15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G	ive kind of a	USUAL OCCUPAT	ION lost of working	16b. KIND OF BU	SINESS/INDU	JSTRY	
[4		Elementary/Secondary (0-12)	College (1-4 or 5	+) life	Do NOT us	se retired.)					
. 4		6th Grade			Self	Employe	d	Taver	n Own	er	
once.		17. FATHER'S NAME (First, Middle, Last)					-	AME (First, Middle, Maider	Surname)		
2 O	- 111	Albert Jeff	erson				Eva	Schultz			
B B			CLSOII								
		19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tov			
		Helen Bilenki			518 8	ylvan W	ay Pas	adena, Mar	yland	21122	
examiner must be notified at once.		20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Name of c	emetery, crematory or	20c. LC	CATION C	Ity or Town, State	
Sal	- 11	1 № Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval trom State	other pl		ton Momo	rial Par	Te C3	on Day	rnie, Maryland	
2	ı	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	GTE	пач		NO ADDRESS OF F		en bu	rnie. Marytand	
튑	ľ			-) .				nce Funera	3 Hom	o P A	
exa	4	Cekun	CK	Dovis						Md. 21225	
	7	23. PART I. Enter the diseases, or o	complications the	t caused the de	eth Do						
the medical	- 11	shock, or hasrt failurs.				TOC AFFICIAL CITIS TO	ous or dying, su	cii as caldiac di Teap	metory sire	interval Batween	
E	Ш	IMMEDIATE CAUSE (Final	0	1		0	, ,	0		Onset and Dasth	
Ē.	- 11	disesse or condition resulting in death)	- 650	lalin	ul	2000	lla !	nome	la		
E E	- 11	readiting in daatii)	DUE TO	(OR AS A CONSE	OUENCE O	F):	. 4				
5 -			D	idle	tes	Mes	litis				
ry, or other traumatic		Sequantially list conditions,	DUE TO	(OR AS A CONSE	OUENCE O	f):		4			
23 shows any injury, or other traumatic event, AN: MEDICAL CERTIFICATION		if any, laading to immadiata cause. Entar UNDERLYING	-	^ ^-	Lv	u h	a . a . (Tou Dune			
취임		CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSE	OHENCE O	D.				<u> </u>	
制造		that initiated eventa reaulting in death) LAST	502 10	(OII AS A GONSE	DOLINCE O					į	
P 8			d								
를 O	- 11	PART II. Other significant condition	e contribution to	don't but not	on delan	In the condense	an anna alma t	Part I. 24a. WAS A	LAUTOBOW	Last WEST AUTORIA SWEETING	
MEDICAL		PART II. Othan Significant Condition								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
E		- 4 1 1 7	yer as	coop				1 _ YES	2 200	COMPLETION OF CAUSE OF DEATH?	
8 III		+ Anna	Gres.						. \	1 TES 2 NO	
S 2								_			
		25. WAS CASE REFERRED TO MEDICAL					N ACE OF DEATH -	Shook and a second			
E 75	. 11	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	neck only one)			
		1 TES 2 NO	≯⊟ Inpetient 2	ER/Outpetient 3	□ DOA		ma 5 🗆 Realdence	8 - Other (Specify)			
PHY		27. MANNER OF DEATH	28a. DATE OF (Month, I		28b. TIN		IJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED	
		Natural 5 Pending Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO	ł			
		2 Decident	28e. PLACE (OF INJURY — At he	me, tarm,	street, factory, off	ica	281. LOCATION (Street	and Number	or Rural Route Number,	
28 is TED		4 Homicide determined	building.	atc. (Specify)				City or Town, State)		
~ F											
를 로		(Check only CERTIFYING PHYSI	CIAN: To the best of	l my knowledga, de	eth occurr	ed at the time, da	te and place, and du	e to the cause(s) and mi	nner ea state	od.	
ANT: If Ite		2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigation	on, in my opinion,	death occured at th	e time, data and place, a	nd due to the	cause(a) and manner ea stated.	
E O		29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c, LICENSE NU	JMBER	29d DATE	SIGNED (Month, Day, Year)	
	- 11		1				and and the			1 /	
E H	. 1	Jun -								1 11 100	
로 교		Shile	7							1 /5 /50	
TO BE		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)	1,000	00:15	201-	15/50 1000/5 100 VI	
IMPOR TO BE		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	N. Print)	WOODS	Orive 1	3967	15/50 FIMORE MO 41	
TO BE		30. NAME AND ADDRESS OF PERSON WH	7 . RIA	SE OF DEATH (ITE	M 27) (Type	vcoln	WOODS	Orive 1	3967	15 /50 7100 EMO 41	

4.4 K X 01 ×

1

	FOR STATE	STAT	E	0F	MARYLAND	-	DEP/	
	REGISTRAR					J E	:111	
_			_					

ARTMENT OF HEALTH AND MENTAL HYGIENE IFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Jun	145	T. H.	0/00	m 6					MONTH D		PAR P	3:32 AM
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Is	nal birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	257-09-63		1 💢 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	3/23/16		8. BIRTHP Country)	VA.
	9e. FACILITY NAME (If not in	stitution, give st	reet end number)						ON OF DE		9c. COU	NTY OF DEA	ATH
OR	FRANCESS S		KEY			E	BALT	IMO	RE,	CITY	- 20		
2	RESIDENCE OF DEC	10b. COUNTY			10c. CI3	Y. TOWN	OR LOCA	TION				T,	IOd. INSIDE CITY
E	MD.					ALT							LIMITS?
ادِ	10e. STREET AND NUMBER					716 1 2		. ZIP COD	E		10g. CIT		IAT COUNTRY?
EB/	4790 CH	IATFOR	D AVE					21	206			US	A
BY FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,
7	1 Never Married 2 3 X Widowed 4 Divo		IF YES, GIVE Y	YES 2 WAR OR DATES	NO		If yes, sp	2 NO	n, Mexica Specify	n, Puerlo Rican, etc.)			BLACK
										DLACK			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
ا۳	Elementary/Secondary (0-12) College (1-4 or 5 +) 7 th GRADE DISABLED												
M	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)												
8	JUNIUS HOLCOMB MABLE CAMPBELL												
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
5	MABL	E SCC)TT		4790	CHA	ATF	ORD	AVE	. BALTO,	MD.	21	206
	20a METHOD OF DISPOSIT	ION	numl dance (State	20b. PLACI	E OF DISPO	SITION (N	ame of ce	metery, crei	matory or	20c. LC		City or Tow	
	4 Donation 8 Other		oval from State	G	ARRI	SON	FOF	REST	CEI	METERY (NIWC	GS M	ILLS
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C.MARCH F.H. 1101E. NORTH AVE.												
	► Blo	dus	Was	20		1	WM.	C.M	ARCI	H F.H. 1	101E	. NO	RTH AVE.
	23. PART I. Enter the d	iseases, or o	complications the	t caused tha c	laath. Do	not antai	r tha mo	da of dy	ing, suci	h as cardiac or reap	iratory ar	reat,	Approximata
	ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death												
	disease or condition a. Congestice Heart Failure Due To (OR AS A CONSEQUENCE OF):												
				1	/ COUENCE C	r-):	/			1.			
8	Sequentially list conditions, Dialated Cardio 12 young thy												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
5	CAUSE (Disease or Injury C.												
E	that initiated events resulting in death) LAST												
	PART II. Other algoritics	nt condition		death had and			- 4 - 1 1-					T	
MEDICAL	PART II. Other alignitics									DEBEO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	- Senal		utficie	20/	1	app	6	the	TLS	1 TYES	□ NO	1	DF DEATH?
- 1	Seps:	5	12-41	600-1	2015	1 (6	1			—			1 TES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL	16 1-1	and	10	Gue 1	20 P	ACE OF I	SEATH ////	eck only one)			
30	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 004	OTHE	R:			8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TH	AE OF		JURY AT	BROWNCE	28d. DESCRIBE HOW	INJURY OC	CURED	
	-	Pending Investigation	(Month, I	Pay, Year)	IN	JURY M		ORK? YES 2 [□ NO				
D BY	a Destate	Could not be	28e. PLACE (OF INJURY — At I	home, farm,	street, fac	tory, offic	:0		28f. LOCATION (Street City or Town, State		r or Rural Ro	ute Number,
COMPLETED	4 Homicide	detarmined		arta (Spoony)						Oily Or TOWN, Glais	/:		
2	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best o	my knowledge,	death occur	red at the	time, date	end place	e, end due	to the cause(e) end me	nner se sta	nted.	
MO		ICAL EXAMINE	R: On the basis of a	xamination end/o	r investigati	on, In my	opinion,	death occu	red at the	time, date and place, e	nd due to t	he cause(e)	end manner as stated.
	29b. SIGNATURE AND TITLE	of CENTIFIE	-					29c. LIC	ENSE NUR	ABER	29d. DA	TE SIGNED (Month, Day, Year)
O BE	M	54	D (N	enrol	Res.	rolan	1)				•	5-/	-/90
2	30. NAME AND ADDRESS O	P.PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ	e, Print)							
	A4 0478	W4	lace access									-:	
	MAY 9	1990	GULL DOW	GOON- HON	delle	•							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendibe field within 72 hours after death with the State Dept. of Health and Memtal Hy MPORTANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FLINERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Merr IMPORTANT: If Item 28 is marked, or item 23 shows any injury
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by the field within 72 hours after death with the State Dept. of Health any IMPORTANT: If Item 28 is marked, or Item 23 shows any in the contraction of them 24 shows any in the contraction of them 24 shows any in the contraction of the contraction
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be fied within 72 hours after death with the State Dept. of Heal MPORTANT: If Item 28 is marked, or item 23 shows
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law 100 THE FUNERAL DIRECTOR: After this certificate has 1 be filed within 72 hours after death with the State Dept MPORTANT: If Item 28 is marked, or Item 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT; If Ilem 28 is marked, or Iler
To the hospital or attending physicial of the Euneral disease of the Euneral disease of field within 72 hours after death with the MPORTANT. If Nem 28 is marked, o
TO THE HOSPITAL OR ATTENDING PHOTO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with MADORTANT; If item 28 is market
to the hospital or attend to the funeral director: A be filed within 72 hours after important; if item 28 is
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT Se filed within 72 hours in MPORTANT; If Item 2
TO THE HOSPITAL ITO THE FUNERAL C De filed within 72 h
TO THE HOSPI TO THE FUNEF De filed within

•	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					ENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	D W. 41	OWARD					2. DATE OF DEATH 7	: 19	YEAR	3. TIME OF DEATH 3.45 A M
	4. SOCIAL SECURITY NUMBER 219-10-4769	7	(In yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF BIRTH	25		PLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give s	street and number)				R LOCATION	OF DEA			NTY OF DE	
Ď.	Granda N.H.			R	alto	•					
DIRECTOR	10a. STATE 10b. COUNT	Υ	1	Y, TOWN OF	LOCATI	ON			10d. INSIDE CITY LIMITS?		
ا ا ا	Md. 100. STREET AND NUMBER		Bo	alto.	10t.	ZIP CODE			10g. CITI	ZEN OF W	1 X YES 2 NO
ERA	3815 Glenn Ave.					21215			US	SA.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	16	yes, spe		Maxican,	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	or No—	14. RACE Black Specifi Bla	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Collage (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done do				16b. KIND OF BUS	INESS/INC		
BE COM	17. FATHER'S NAME (First, Middle, Last) George W.	Howard				Ru	th	E (First, Middle, Maiden : Bryan			
오	19a. INFORMANT'S NAME (Type/Print) Ruth Brooks							oute Number, City or Town altimore,			216
	20a, METHOD OF DISPOSITION 1/XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	other place) Garris							City or Ton	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. N	IAME AN	D ADDRESS	OF FAC	ILITY			,
	Atome A.	Thompson	n Jp.		4300	h F/H Waba	sh	Ave.			
	23. PART il Enter the disessee, or ehock, or heert failure. IMMEDIATE CAUSE (Final disesse of condition resulting in deeth)	Liet only one ceuse on e	nom of	L	the mo	L M	/	ee cerdiec or reepl	retory an	rest,	Approximate Interval Between Onset and Death
N	Sequentielly liet conditions,	a Meta	consequence of	F	an	eina	h	Ы			
SATIC	if any, leading to immediate cause. Enter UNDERLYING	1	A CONSEQUENCE O								
CERTIFICATION	CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST	DUE TO OR AS	Dena Dena		,,,,						
CAL	PART II. Other aignificent condition	ne contributing to deeth i	but not reaulting	in the und	derlying	cause glv	ren in F	Part I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
PHYSICIAN: MEDI								-			1 TYES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF OEA					
IVSI	1 YES 2 NO	1 Inpatient 2 ER/Out			ing Hom 28c. INJ		denca (Other (Specify)			
	1 Naturel 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TH	JURY M	WO	RK? TES 2 1	NO	28d. OEŞCRIBE HOW II	NJURY OC	COREO	
TED BY	2 Accident 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJUR building, etc. (Spe		atreet, fecto	ory, offic	1		281. LOCATION (Street a City or Town, State)	and Numbe	r or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE C	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICEN	SE NUM	BER	29d. OAT	E SIGNEO	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Typ	e, Print)	<u>ا</u>	112			- (<u>) </u>	, , , ,
	31. OATE EILED (Month, Day, Year)	32. REGISTRAR'S SIGN		+-J (use 10						
	mri 9 1930	June Land									

Soc	che		
19	deta		
D.	2		4
8	Pla		7
rtain	Sho		41.47
6	6.5		i
ay b	pag		į
E	tor,		4
96	rec		
To.	al d		1
ath	Juer		Ī
r de	22	in i	-
afte	A A	100	200
100	25	Te.	9
24 hours	9	9	1
N	y fil	thor	All
	letel	B.W.	-
3	фш	, c	-
cute	900	nuia	7
88	l an	to b	1
2	ciar	10	1
cate	thys.	0	4
ini	9	gien	AB
5	pudi	£	-
Jeat	atte	ща	1
9	朝	Me	-
af	3	and	-
the se	ned	alth	1
uire	Sig	£	1
9	Deer	0	4
aw	as L)ept	00
The same	le h	ite [1
Š	fica	Sta	
S	Certi	흙	3
H	his	with	
G P	er 1	ti.	ĺ
NO.	Aff	de	
E	JOR.	after	-
A.	REC	S	•
0	8	ĕ	
M	RAL	2	
SS	ONE	iğ.	-
T U	EA	≱ p	i
F	王	file	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

FOR STATE REGISTRAR	STATE OF N	MARYLAND /			F HEALTH		MENTAL	REG. NO.	E		6//		
1. DECEDENT'S NAME (First, Middle, Last) Edw	ard	н.		Hill			2. DATE MONTH 5-2	-90	W.	YEAR	3. TIME OF DEATH 6:07PM M		
4. SOCIAL SECURITY NUMBER 213-32-6245 9e. FACILITY NAME (If not institution, give st	5. SEX	6. AGE (In yrs. In	st birthday) YRS.				De BIRTH Day, Year)	36	NPLACE (State or Foreign Va.				
201 N. Broadway	reet and number)			96. CITY, TOWN OF LOCATION OF DEATH Baltimore City									
Md . 10b. COUNTY	TATE 10b. COUNTY 1								10d. INSID LIMIT: 1 X YES				
100. STREET AND NUMBER 111 Center St.	1,21				10f. ZIP COI 2120					USA	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	If yo	DECENDENT s, specify Cub YES 2 X NO	en, Mexico	en, Puerto F		or No-		E — American Indian, k, White, etc.		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(0		USUAL OCCU vork done durir e retired.)	PATION ng most of work	ing	16b.	KIND OF BUS	BINESS/INC	DUSTRY			
17. FATHER'S NAME (First, Middle, Last) Lorenzo Hill						Sarah	n C	Middle, Melden allaha	ın				
190. INFORMANT'S NAME (Type/Print) Roberta Hill		2	2706 1	Baker	St., [Balto		d. 2	1216				
20e. METHOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Remet 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE AIC		206. PLACE	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other priscs). Mt. Zion Cem. 22c. NAME AND ADDRESS OF FACILITY										
Alime A	. Iho	n-Pam	te		larch 1								
23. PARTIL. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Bet Onset and interval Bet Onset									Onset and Death				
PART II. Other eignificant condition	e contributing to	death but not	resulting i	in the unde	rlying ceuse	given in	Part i.	24a. WAS AN PERFOR	RMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XXVIO		
25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (C	heck only or	INSPE	CITO	N L			
EXAMINER? XXX YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 V Residence 8 Other (Specify) 280. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED												
XXXNatural 5 Pending Investigation 3 Suicide 8 Could not be determined	ation M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Round City or Town. State)									Route Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 2 MEDICAL EXAMINE	R: On the basic of e				lon, death occ	urad at the	e time, date		d due to ti	he ceuse	(e) end menner ee stated. D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH. Mario F. Golle, 31. DATE FILED (AAX Day, Mar) 1990	Jr.,MD	SE OF DEATH (IT)	I NEED TO THE		Penn S	CME tree	t,Bal	timore	e,MD	5 - 3			
1330	1												

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Korell,MD

32. RECESTRAR'S SIGNASHED A SE

Margarita A.

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y the	e de		0
ed b	Pla		po
etain	sho		otifi
8	10e 5		96
тау	or, po		ıst
ge 6	lirect		E
. Pa	and o		alle
death	fune		ехап
after	y the	TIONA	cal
SULS	in b	9	nedi
24 hc	filled	00,0	he n
Din	stely	mag	H, t
D W	ald mo	, ca	eve
scute	D.	Duria	Hic
9	an ai	2	Ë
ate b	ysich	D D	tra .
rtifica	Hd 0	lene	the
th ce	endir	ž	070
dea	e att	Лепта	uny,
if the	DY #	N N	ini/
s the	ned	THE SE	am
quire	n sig	Ě	10W
W re	pee	pt. o	3 84
he la	e has	e 0e	m 2
N: I	ficat	Stal	===
SICI	Cert	å å	0,0
PHY	this) will	rke
DING	After	death	Ē
TEN	OR:	fter	88
R AT	RECI	urs a	E 5
AL D	0	2 20	# 150
SPIT	VERA	hin 7	MT:
H.	E	I WILL	RTA
王	王	filed	PO
2	F	å	=

								20	12041		
	REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			REG. 1	Ю.				
1	1. OECEDENT'S NAME (First, Middle, Last) JAMES Linc		Heaggar	10	R.	2. OATE OF OEATH MONTH 5-1-90	DAY	YEAR	2:58PM M		
į	217-66-7002	M 2 □ F	33 YRS.	IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/27/1956		8. BIRTHPLACE (State or Foreign Country) MARYLAND			
OB	9a. FACILITY NAME (If not institution, give street Anne Arundel Count			OR LOCATION OF DE Annapolis			Arun	del County			
DIRECTOR	100. STATE 100. COUNTY MARYLAND BALT	TIMORE		TOWN OR LOCA RANDALI					1. INSIDE CITY LIMITS? YES 2 XXNO		
ERAL	100. STREET AND NUMBER 3442 Carriage F	Hill Circle		10	1. ZIP CODE 2113	3		ZEN OF WHAT			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS OECEOENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D		If yes, s	CENDENT OF NISPAN pecify Cuban, Mexican S 2 NO Specify	n, Puerto Rican, etc.)	Yea or No	14. RACE	American Indian, hite, etc.		
COMPLEIED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	FION mpleted) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Engineer	rk done during m retired.)	ost of working	State	BUSINESS/IND	arylan	d		
	17. FATHER'S NAME (First, Middle, Last) JAMES LINCOLI	N HEAGGANS				ME (First, Middle, Mail		IIIIII	lacion		
20 00	19a. INFORMANT'S NAME (Type/Print) MRS. Carletta B. He	eaggans			and Number or Rural F			_	1133 MD.		
	20e. METHOD OF DISPOSITION 1	al from State	Metro Cre	TION (Name of co		20c.	LOCATION —	City or Town,	State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Lewis E. L.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition resulting in deeth) Multiple injuries OUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
20000	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? XX YES 2 \(\subseteq \) NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?										
	XX YES 2 □ NO										
יוויסוסורווי	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA A Nursing Nome 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATN 1 Natural	setigntion 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
2	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	work	place		Rte 50°	mear F Maryla	Rte. 2	,Anne Arun		
COMPLE	29a. CERTIFIER t CERTIFYING PNYSICION (Check only One)	AN: To the best of my known on the basis of examination				to the cause(s) and	manner as star	ted.	id manner as stated.		
0 0 0	296, SAGNATURE AND TITLE OF CENTIFICE	ethile			OCME	MBER		= SIGNED (M	onth, Day, Year)		
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type,	Print)							

111 Penn Street, Baltimore, MD 21201

1/851 77

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL BECORDS P.O. BOX 13146

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached oval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within Jours after death. Page 6 may be retained by the hosp
DALLIMONE, MARITAND	DIVISION OF VITAL RECORDS, F.C. BOA 13146,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.												
1. DECEDENT'S NAME (First,					2.1	3. TIME OF DEATH						
Lillian Pau	line H	arris							AM A	90	10 20 A H	
4. SOCIAL SECURITY NUMBER	S. AGE (In yrs. le	at birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. [ATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign		
220-07-8553	78	YRS.	MONTHS	DAYS	HOURS MIN.		7-1-11	oginia				
9e. FACILITY NAME (If not in			9b. CITY,	TOWN O	R LOCATION OF	DEATH		9c. COUN	TY OF D	EATH		
4425 Fenor			Ва	1tim	ore Hig	ghla	ands	Bal	timo	ore		
RESIDENCE OF DEC	T soc CIT	Y. TOWN O	D I OCAT	ION					10d. INSIDE CITY			
Maryland	100			 Highlar	ahe		LIMITS?					
10e. STREET AND NUMBER	1 30			ZIP CODE	140		EN OF V	WHAT COUNTRY?				
4425 Fenor Road							21227			.S.A		
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. A	RMED			ENDENT OF HISP		RIGIN? (Specify Yea		14. RACE	E - American Indian,
1 Never Married 2 🔀	The second second	FORCES? 1 [IF YES, GIVE WA	YES 2 X	NO			city Cuban, Maxi 2 X NO Spe		erto Rican, atc.)		Speci	
3 Widowed 4 Divo	orced											White
15. DEC (Specify onl	EDENT'S EDUC ly highest grade (ATION completed)	(0	3ive kind of	Work done	CUPATIO	N st of working		16b, KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0	0-12)	College (1-4 or 6+)		Do NOT u								
6th grade	(Latella - Lane)			Baker	<u> </u>				Pretze		ctor	Y
Herbert Pet										sumeme)		
19a. INFORMANT'S NAME (10	DE MAILING	ADDRESS	C (Street e	Nettie		Number, City or Town	State 7In	Code)	
Carl E. Har	,		F.						timore, M			
20a, METHOD OF DISPOSIT			20b. PLACE				netery, crematory of			CATION —		own, State
Donation 5 □ Other		wal from State	other p	viace)			etery			timo		
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	//		22.	NAME AN	D ADDRESS OF		TY			
1	10	11	1						Home, In		MT	21220
4107 Wilkens Ave. Baltimore, MD 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
ahock, or h	ahock, Dr heart fallure. Liet only one cause on sech line.											
IMMEDIATE CAUSE (Fit disease or condition	nel	a to	~ D-A	40	Is .		0 1	0				1. 1.
resulting in death)		DUE TO (OR AS A CONSI	EOUENCE () ((.4.4.7) (F):	BY LI	for Di	KIN GE	X2/			and blow
man cassor as							J					V
Sequentially list condit if any, leading to imme	diate	DUE TO (OR AS A CONSI	EQUENCE (OF):							
cause. Enter UNDERLY CAUSE (Disease or Inju												
that initiated events resulting in death) LAS		OUE TO (OR AS A CONSI	EOUENCE (OF):							
		1									-	
PART II. Other algolfice	ent condition	contributing to	death but not	reaulting	In the ur	nderlyln	g ceuse given	In Par	t I. 24a. WAS AN		248	. WERE AUTOPSY FINDINGS
Stab	D BOST	Thurai	dector	e la					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		7	7	7						X.		OF DEATH? 1 YES 2 NO
				/								
25. WAS CASE REFERRED 1	TO MEDICAL					26. PI	ACE OF DEATH	(Check o	only one)			
EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		e 5 🗆 Resident	ce 8 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF I		28b. TII	ME OF	28c, INJ	URY AT	28	d. DESCRIBE HOW I	NJURY OC	CURED	
	Pending Investigation	(Water)	y, 10m/		М		YES 2 NO					
3 Suicide 8	AND DE ACC OF IN HIRTY AND ADDRESS AND ADD									Route Number,		
4 Homicide	detarmined											
29a. CERTIFIER 1 CER	TIFYING PHYSI	CIAN: To the best of	my knowledge,	death occur	rred at the	time, data	and place, and	due to t	the cause(a) and man	ner as stat	ed.	
one) 2 MEE	DICAL EXAMINE	R: On the basis of ax	amination and/o	r investigat	ion, in my	opinion, d	leath occured at	the time	e, date and place, an	d due to th	e cause((s) and manner se stated.
295. SIGNATURE AND TITL	E OF CERTIFIES	1	/)			29c. LICENSE I	NUMBE	R	29d. DAT	E SIGNE	D (Magette Day, Year)
Atout) Tolor	λ	Dapty	Michael !	EMI	MI NET	-	Do	10	85	> 14	14	4198
STEN OU Z	THE I	DIA LOTS	E OF DEATH (IT	EM 27) (7)75	Charl	e X	208	2			/	,
31. DATE FILES A CAPA, Day		32. REGISTRAL	R'S SIGNATURE	1.40	4,140	-00	1/4_					
ניחויי א	1990	frie Day	idson-170	Jane								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and common field within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, or IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic events.

6, BALTIMORE, MARYLAND 21203-3146	203-3146
urs after death. Page 6 may be retained by the hospital or attending physician.	r attending physician.
npietely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	use as the burial-transit permit. Pages 1, 2, 3 should
cremation, or removal.	
the medical examiner must be notified at once	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF REGISTRAR CERTIFICATE O		TAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY AMELIA HOWARD		ATE OF DEATH	YEAR 7: 30 A M								
1	4 SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 SE 76 98. AGE (In vrs. last birthday) F UNDER 1 YEAR MONTHS DAYE	F UNDER 24 HRS. 7. DA HOURS MIN. 12	Attack Co. March									
5	Bax 15, Fox charecircle RIS	GELY		ROLINE								
DIMECTOR	MAYIAND CAROLINE RIDGE	10d. INSIDE CITY LIMITS? 1 □ YES 2 NO										
FUNEHAL	BOX 15, FOX CHASE CIRCLE	21660	10g. CITIZEN OF WHAT COUNTRY? U.S.A.									
BY FUN	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes,	ECENDENT OF HISPANIC OR specify Cuban, Mexican, Pua ES 2 NO Specify:		14. RACE — American Indian, Black, White, atc. White								
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) Coflege (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPY (Give kind of work done during kits. Do NOT use retired.)	most of working	16b. KIND OF BUSINESS/IND	USTRY								
COMPLE	Salesperson		Hutzlers									
- 1	17. FATHER'S NAME (First, Middle, Lest) Charles Martin	18. MOTHER'S NAME (FA	irst, Middle, Maiden Surneme)									
R			Number, City or Town, State, Zip	Corfel								
2	Helen McCormick 2659 Freder		atlimore, MD	21223								
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of		20c. LOCATION —									
	1 & Burlel 2 Cremetton 3 Removal from State Loudon Park Cemetery Baltimore, Maryla											
	Hubb	ard Funeral		MD 21229								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the shock, or heart failure. List only one cause on each line.											
	Onset and Desth											
z	- ARTERIOS CENTRE CEREBYOYAS CULAR DISEASE CHRONIC											
RIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.											
CEKIL	that initiated events resulting in death) LAST d.											
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underly PREVIOUS STROKES	I. 24a. WAS AN AUTOPSY PERFORMED? 1 — YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
ż												
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:	PLACE OF DEATH (Check or	nly one)									
1×S		YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY M	CORED										
	Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or input getton, in the opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
O BE C	Christian E Jenseu MD-Med Examin	29c, LICENSE NUMBER D 1466	64 P	E SIGNED (Month, Day, Year)								
1	30. MANY AND ADDRESS OF PERSON WHO COMPLETED STUSS OF DEATH (ITEM 27) (Type, Print) OR STIGN E. JETVSEW MD, P.	O-BOX 69	70, Dento	1 MD 21629								
	31. DATE FIRE A Ser. 99, Year 990 32. REGISTBAR'S SIGNATURE	4										

after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	MARYLAND C	/ DEPAR						HYGIEN!	E		12.04
	1. DECEDENT'S NAME (First, Middle, Last) Edna L. Hudak								2. DATE OF MONTH	DEATH DA	y 90	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 415–26–7817 9e. FACILITY NAME (If not inetitution, give st	5. SEX 1 M 2 F 64 YRS.			IF UNDER MONTHS 9b. CITY	DAYS	HOURS	24 HRS. MIN.				8. BIRTHPLACE (State or Foreign Country) Ohio	
TOR	3113 Louise Avenu					Cit							
DIRECTOR	Maryland 10b. country		10c. CIT	Oc. CITY, TOWN OR LOCATION Baltimore Ci					ity			d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	3113 Louise Aven	ue				100	zip codi	1214				USA	T COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Never Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp	ecify Cuba		IC ORIGIN? (5 n, Puerto Rici		or No-	14. RACE — Black, V Specify:	American Indian, Thita, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th grade		S	Give kind of the Do NOT u	work done se retired.)	during mo	ON ast of workli	ng	0.500,000		aking		
BE COM	17. FATHER'S NAME (First, Middle, Last) Willard Campbell						-		ME (First, Mick	dle, Maiden			
TO B	190. INFORMANT'S NAME (Type/Print) William Hudak		:1						oute Number, alto.,			,	
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Oonation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Gardens of Faith 20c. LOCATION - City or Town, State Baltimore, Mary.												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Belair Rd. Balto., Md. 21236										66			
	23. PART f. Enter the diseees, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseees or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death												
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	J PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AU										ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		Y		sck only one)	Spec/fy)			
ВУ РНУ	27. MANNER OF DEATH 1- Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, I		ng Home 5 Residence 8									
ED	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE (building	OF INJURY — At I , atc. (Specify)	home, farm,	street, fac	tory, offic	a			ON (Street a Town, State)	and Number	or Rural Rou	te Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI												nd manner as stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WH	1 c VV	mos	12	ND)	29c. LIC	ENSE NUN	Der 1		29d. DATE	SIGNED (M	longh, Day, Year)
-		- John Pries Car	OF AL DEVILLAGIA	-m en Mabi	o cinul		-					F "	

21214

ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH NEW 27) Type Frint,

Mintzer 3009 Evergreen Avenue Balto.,

Savidson- Aandall

Dr. Mintzer

31. DATE FILED (Month, Day, Year)

1990

DHMH-16 Rev 1/89

rificate be executed within graphscian and completely filled tiene prior to burial, cremation, of their traumatic event, the n	A removal. nedical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within a stern death. Page 6 may be retained by the the host TO THE HORFITAL DRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burial, cremiton, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	to introduction, untertain continues and approximately projected and company of the continues of the continu

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF			ENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest)	Veta Black		gs			2. DATE OF DEATH MONTH	DAY	YEAR S	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 247-15-5781	5. SEX 6. AGE (SEX 6. AGE (In yrs. lest birthdey) F under 1 YEAR F UNDER 24 HRS. 7. DA M 2 DYF 93 YRS. MONTHS DAYS HOURB MIN. (M				7. DATE OF BIRTH (Month, Day, Yhar) 9/19/1		8. BIRTHPI Country)	ACE (State or Foreign Carolina
TOR	99. FACILITY NAME (If not institution, give st Keswick Home of RESIDENCE OF DECEDENT		96. CITY, TOW Balt	imore			9c. COUI	NTY OF DEA	ATH	
DIRECTOR	100. STATE 10b. COUNTY S. Carolina			ry, rown on Lo artanbu						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 121 Cart Drive			10f. ZIP COD			10g. CITI	U.S.	A .	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE—Black, 1 Specify:			- American Indien, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years 16. DECEDENT'S USUAL OCCUPATION (Sive bill of work down during most of working like. Do NOT use refered.) HOMEMAKET						16b. KIND OF B	USINESS/IND	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Wesley Augustus Black 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Blanche Piper									
2	Dorothy J. Graue	Dorothy J. Grauel 28 Aintree Rd. Towson, Maryland 21204								
	20e. METHOD OF DISPOSITION 1	oval from State	other place) TeenLaw			matory or		ocation — artant		
	John G. Rei	Lother Is	Ray	Mi		l-Wie	defeld He		aryl:	and 21212
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heer failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition)									
	disease or condition resulting in deeth) a. Outerwscleratus Read Disease Due to (OR AS A CONSEQUENCE OF): Fever unk elvology b.								weeks	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):						
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								WAILABLE PRIOR TO COMPLETION OF CAUSE	
AN: M	25. WAS CASE REFERRED TO MEDICAL				. PLACE OF I	WATH OL				YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF BEATH	HOSPITAL: 1 Inpatient 2 ERVOuts		OTHER:	lome 5 □ R	esidence 6	Other (Specify)			
BY	1 Defural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO						ida Numbar	
ETED	3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER 4 CONTINUE SUICIDE STREET, Specify Street and Number or Rural Route Number, City or Yourn, State)								11011201,	
COMPLETE	(Check only	CIAN: To the best of my know R: On the basic of examination								end manner as stated.
TO BE (296. SIGNATURE AND THIS OF CERTIFIER	1 Oha	<u> </u>	_		/スタ・		29d. DAT	SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PLASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										

32. REGISTRAR'S SIGNATURE

Filia Sandon Rondon

31. DATE FILED (Month, Day, Year) MAY 9

9/19/1896

notified at

	ea	Ę
	Jan .	a le
	and and	A E
	- Ber	= 5
		illed in
	2	atio
	À.	plete
	pe	mo:
	5	o pi
	8	2 2
	2	iciai
	cate	A D
	JE.	ie p
	8	들
	eath	ate at
•	9	Me he
	#	30
	than the	3 6
	SE .	sign
	큥	5 5
	*	B H
	55	E 0
	E	tate
	AN	Tiffe S
	Sic	t Ce
1	F	this
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after dear	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	8	B. 1
	E	8 4
	OR /	OUR
	A	72
	114	in Ta
	오	三葉
	뽀	# 8
	0.1	1 P
	F	E 5

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

2

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF HEALTH A	1	REG. NO.	90	12646
	1. DECEDENT'S NAME (First, Middle, Last) Juan	DARNELL.	J	ohnson	2. DATE MON	th Day	YEAR	3. TIME OF DEATH 10:48PM M
33	015 00 5550	5. SEX 6. AGE (fin yrs.)		IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	HRS. 7, DATE	of BIRTH	8. BIRTI Count	PLACE (State or Foreign BALTO.
TOR	9a. FACILITY NAME (If not institution, give stree Union Memorial Ho			96. CITY, TOWN OR LOCATION Baltimore (90	COUNTY OF E	DEATH
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			ALTIMORE, (CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FRAL	1843 E. 30th			101. ZIP CODE 212	218	10-	g. CITIZEN OF T	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	ARMED XNO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			Biac	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCAI (Specify only highest grade co		ATIONW		SUZU NISSA			
BE CO	17. FATHER'S NAME (First, Middle, Lest) LESSER JOHNSON 18. MOTHER'S NAME (First, Middle, Meldlen Surmame) DRUSILLA FORD							
10	190. INFORMANT'S NAME (Type/Print) DRUSILLA JOHNSO	N	1843	ADDRESS (Street and Number or E. 30th ST.	. BALT	O, MD.	21218	3
	20a. METHOD OF DISPOSITION 1& Burlal 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	B Ade	Pare MOR	E CEMETERY			TO, MD	
1. 9	21. SIGNATURE OF FUNERAL SERVICE LICEN	Warren		WM.C.MAR	30-31-	. 110	01 E.	NORTH AVE
	IMMEDIATE CAUSE (Final	mplications that caused the et pnly one cause on each life Multiple gunsi DUE TO (OR AS A CONS	ne. hot wo	unds	g, such as car	rdiec or reepireto	ery arrest,	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONS	EOUENCE OF):				
CERTIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
MEDICAL	PART II. Other significant conditions	contributing to death but no	t resulting li	n the underlying couse giv	ren in Part I.	24a. WAS AN AUT PERFORMED XXX YES 2	0?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WYES 2 NO
PHYSICIAN:		HOSPITAL:	3 🗆 DOA	26. PLACE OF DEA				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Veer) 26a. DATE OF INJURY (Month, Day, Veer) 5-6-90 10:30P					escribe How INJUI oject sho		
	3 ☐ Sulcide 6 ☐ Could not be detarmined	26s. PLACE OF INJURY — At building, stc. (Specify)		treet-front o	Cit	CATION (Street and P y or Town, State) 8 Tivoli		Route Number, e,Baltimore
COMPLETE	onel	AN: To the best of my knowledge, On the basis of axamination and/o						a) and manner as stated.
BEC	29b. SIGNASURE AND TITLE OF CENTIFIER	1		29c. LICEN	SE NUMBER	29	d. DATE DIGNE	(Month, Day, Year)

5-7-90

1	//	(20)					
30. NAME AND	ADDRESS O	F PERSON WHO	COMPLETED	CAUSE OF	DEATH (ITEM	27) (Type,	Print,

111 Penn Street, baltimore, MD 21201

OCME

VC

Frank Peretti, MD

32. REGISTRAR'S SIGNATURE Fulla Devidor Andres

BOBBIE

4. SOCIAL SECURITY NUMBER

JONES

8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

3. TIME OF DEATH

7:10

6. BIRTHPLACE (State or Foreign

YEAR

BALTIMORE, MARYLAND 21203-3146

rurs after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	212-44-1172		45 YRS.	MONTHS DAYS	HOURS MIN.	12-21-		N.C.		
.	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CTTY									
2	THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT. 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY									
DIRECTOR	MD 10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA \mathcal{B}_{A}				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
LONEHAL	100. STREET AND NUMBER 9/9 DRUID E	ILL AVE		10	1. ZIP CODE		1 -	N OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YES, GIVE WAR OR	S 2 10	If yes, s	CENDENT OF HISPAN Decify Cuban Mexica S 2 A NO Specify	IC ORIGIN? (Speci	fy Yea or No — 1	4. RACE — American Indian, Black, Whita, etc. Specify:		
2	15. DECEDENT'S ED (Specify only highest grad Elementary Secondary 70-12)		16a. DECEDENT'S (Give kind of the Do NOT to	USUAL OCCUPATION or do retired.)	ON ost of working	16b. KIND 0	F BUSINESS/INDU			
E COMPLEI	17. FATHER'S NAME OF MICHIGA LEST! Rubert Ve	reen	~1100	, ,	18. MOTHER'S NA	ME (First, Middle, M	alden Sumame)			
2	19a. INFORMANT'S NAME (Type/Print) BRVAN JOA		919	DRUI	and Number or Rural F	AVE		2 2		
	20 MSTHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Red 4 Donation 5 Other (Specify)	/	other place)	MEMOI	MAL PA	PK	BA U.	MD.		
	21. SIGNATURE OF FUNERAL SERVICE L		ml		ND ADDRESS OF FA		INF S	21213 + Ba Ut ma		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):									
NO INCIDENTIAL PROPERTY OF THE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART II. Other significant condition	ons contributing to death	but not resulting	in the underlyin	ng cause given in	Pi	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	1 Tes 2 No									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)		1		
⊢ Ⅱ	1 TYES 2 TO NO	1 Inpatient 2 ER/O		4 - Nursing Ho	me 5 🗆 Residence		OW INJURY OCCU	RED		
77	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) IN.	JURY W	ORK? YES 2 NO					
3	3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJU	RY — At home, ferm, pecify)	street, factory, offi	ce	28f. LOCATION (S City or Town,		r Rural Route Number,		
COMPLE	nosti ony	SICIAN: To the best of my lin						d. cause(a) and manner as stated.		
3	296. SIGNATURE AND TITLE OF CERTIFIC	. Kung	mo		29c. LICENSE NUI	2	29d. DATE	SIGNED (Minish, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type		JoHas	HOPI	LINS	HOSPITAL		
	31. DATE FILED (MORN. Day 1990)	32. RECEITPAR'S SI	CHURGASE							
الـــ	14'	- Cd - 1		·			-	DHMH-16 Rev 1		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mosts after death. Page 6 may be retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	TK	11001	, ,		2. DATE OF DEATH	AY LOOK	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1990	IRTHPLACE (State or Foreign	
		1 M 2 - F 8		ONTHS. DAYS	HOURS MIN.	4-8-19		nd D.	
_	9a. FACILITY NAME (If not institution, give s	treet and number)	91	b. CITY, TOWN O	R LOCATION OF DE	ATH A 1	9c. COUNTY	OF DEATH	
DIRECTOR	ACHNS HODI	TINS		DALTI	MORE	11119.			
REC	10a. STATE 10b. COUNT	r	10c CITY, T	OWN OR LOCATI	ON			10d, INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER	7	IDAL.	TIMO	ZIP CODE		10a CITIZEN	1 YES 2 NO	
FUNERAL	625 S. PAT	TERSON T	ark AV	E	21224	+	U.	S. A.	
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				RIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14. 1	RACE — American Indian, Black, White, atc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 🗆 YES				Specific	
Œ	15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during mos	N at of working	16b. KIND OF BU	ISINESS/INDUST	RY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)		CONT.	CAN	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1/	1		18. MOTHER'S NA	ME (First, Middle, Maide	7111		
BE C	FRANCIS	MURGAN			MAR	YANNA			
ρ	190 INFORMANT'S NAME (Type/Print)	ruli	196. MAILING AD	ODRESS (Street as	Number or Rural I	Ploute Number, City or To	vn, State, Zip Cod	12716	
	209_METHOD OF DISPOSITION		PLACE OF OUR OSITI	ION (Name of cerr	elery, crematory or	20c. L	CATION - City	or Town, State	
	1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		OLY KOS	FRY 1	EMETE	RYK	DALTI	MORE IID	
	21. SIGNATURE OF FUNERAL SERVICE, LIC	ENSEE	, ,	22. NAME AN	O ADDRESS OF FA	CILITY, J5	J5 FL	EET ST	
	Charles Taes	muse		JAC'A	OROW	KI B	LTIM	ORE Ma1224	
		complications that caused List only one cause on e	d the death. Do not ach line.	éntar tha mo	de of dylng, suc	h as cardiac or resp	olratory arrest,	Approximata Interval Between Onset and Death	
	IMMEDIATE CAUSE (FIRSI								
	oue to jon as a consequence of: Sequentially lies and the sequence of the seq								
NO.	Sequentially list conditions, if any, leading to immediate b. Out to lon as a consequence of:								
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):						
		d						1	
PHYSICIAN: MEDICAL	PART II. Other significant condition Divaletts M		out not resulting in	the underlying	j cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
EDI	Server 1	en foul	Varculu	u Sue	Must	1 □ YES	2 D-NO	OF DEATH?	
N: N		1	0,000						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (Ch	eck only one)			
HAS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY		☐ Nursing Hom		6 Other (Specify) 28d. OE\$CRIBE HOW	INJURY OCCUR	ED .	
BY PI	1 Natural 5 Pending	(Month, Dey, Year)	INJUR	WO WO	RK? res 2 \sum NO				
	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							lural Route Number,	
ETE	4 Homicide Starmined								
COMPLETED	(Check only	ER: On the basis of axamination						use(s) and manner os stoled.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER		GNED (Month, Day, Year)	
TO BE	Almaun	fr faul	uo nd		D09	448	1 57	8/90	
Ĕ	30. WAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	rint)					
	31, DATE FILED (Month, Day, Year)	22: REGISTRAR'S SIGN							
	MAY 9 1990 4	the Davidson-More							

0.0001 0.0

. .

, H

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAN	QCIIIII I	OAIL	DEATH	п	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) KLING	RENA	L. KLI	ING	2. DATE OF I	DEATH DAY	- 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III	7/2 YRS.	IF UNDER 1 YEAR		7. DATE OF E (Month, De	HRTH Y Joar)	8. BIR	THPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not institution, give street end number)	10	Oh CITY TOU	N OR LOCATION OF D	EATH.	1	Dc. COUNTY OF	- DEATH
0 8	SAINT JOSEPH HOSP	ITAL		DWSON	AIH			ZTIMORE
ן ק	RESIDENCE OF DECEDENT							Transport of the second
DIRECTOR	100. STATE O 10b. COUNTY BALT, MORE	10c. CITY	7000 OR LO	SON				10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	302 E. JOPPA LQ.	APT.	1106	10f. ZIP CODE	2016	1	109. CITIZEN OI USA	F WHAT COUNTRY?
빌	700 - 701		_	0()	707			
							No — 14. RA BI	ACE — American Indian, ack, White, etc. secify: WHITE
m 3 L/ Widowed 4 Divorced WWII - ARMY								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of vi life. Do NOT us	vork done during	ATION most of working	18b. KIN	ID OF BUSIN	ESS/INDUSTRY	′
COMPLE	Elementary/Secondery (0-12)	E	CONOMI	ST	SO	CIAL	SECURI	TY ADMN.
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middl	le, Maiden Sur	mame)	
BEC	SAMUEL LEWIS LEVINE			ES	STHER M	EYERS		
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, (City or Town, S	State, Zip Code)	
유	MRS. KATHERINE HAMBURGER	302 E	. JOPP	A RD., AP	r. 906	TOW	SON, M	D. 21204
	1 -Buriel 2 Cremetion 3 Removal from State	other place) OHEB SHALL		cemetery, cremetory or EMORIAL PA			TERSTO	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAM	E AND ADORESS OF F	ACILITY	C TN		
	· allenace Leve	nson		LEVINSON			BALTO	.,MD 21215
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on earths.		ot enter the	mode of dying, su	ch as cardiac	or respirat	tory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		- 41	/		,		Onset and Death
	disease or condition resulting in death) DUE TO (OR AS A	ma,	with	bone	meta	Tus	es '	2-yms.
_	DUE TO (OR AS A	CONSEQUENCE OF	F);					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE OF	F):					
\ <u>\</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury							
	thet initiated events DUE TO (OR AS A resulting in death) LAST	CONSEQUENCE OF	F):					İ
点	d							1
	PART II. Other significant conditions contributing to deeth be	ut not resulting	in the under	ying ceuse given i	n Part I. 24	a. WAS AN AU		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL					1	YES 2		COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
ž								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	B. PLACE OF DEATH (C	theck only one)			
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outp		4 - Nursing	Home 5 - Residence				
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIM	URY	INJURY AT WORK?	28d, DESCRI	BE HOW INJ	URY OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, etc. (Spec		street, factory,	office		ON (Street end own, State)	d Number or Rui	ral Route Number,
	AND CERTIFIER							
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowl one) 2 MEDICAL EXAMINER: On the beels of examination							se(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mis		29c. LICENSE NI	JMBER C	2	29d. DATE SIGN	NEO (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DE			0 ST. JO	SEPH	4051	PITAL	- TOWSON.
	31. DATE FILEO (Month, Ding Year)	AMURES			,	MA	2/2	014
	MAY 91990 gali Davidson Acon	N. C. C. C. C. C. C. C. C. C. C. C. C. C.					•	

FOR STATE REGISTRAR

1. OFCEOFNT'S NAME /First Middle Lest

4. SOCIAL SECURITY NUMBER

Edith B. McKeever

5. SEX

1

e,	within
1314	executed
×	8
S. BC	ertificate
٠. آ	death c
S	the
분	that
SECO	reduires
_	WE
4	E S
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
Z	NG
/ISIC	ATTEND
S	B
_	PITAI

1 M 2 F 999-50-1620 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWH OR LOCATION Church Hospital Corporation RECTOR Balti RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Baltimor ō MD FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 27 S. Washington after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS OECENOENT OF If yes, specify Cuben, 1 Never Married 2 Married IF YES, GIVE WAR OR OATES 1 TES AT NO BY 3 X Widowed 4 Divorced COMPLETED 18a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EOUCATION (Specify only highest grade complete Blementary/Secondary (C 3 rd GRADE detached for College (1-4 or 5+) MAID once. 17. FATHER'S NAME (First, Middle, Last) 18 MOTHE JAMES filled in by the funeral director, page 5 should be 듆 DAVIS BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number of 2 SHARON McKEEVER WASHING pe 20a. METHOD OF DISPOSITION
1 ⊠ Burial 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crem must ĈĔĎÃR HILL CEMETE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS C.MA WM. ation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyin shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final i signed by the attending physician and completely filler Health and Mental Hyglene prior to burlal, cremation, disesse or condition ASPIRACYON Aspirati resulting in death) marked, or Item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause gi MEDICAL been s PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO certificate h OTHER: nt 2 FER/Outpetient 3 DOA this certifi 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 1 YES 2 BY After t 2 Accident Investigation FUNERAL DIRECTOR: Att. within 72 hours after dea STANT: If Item 28 is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
Thank and 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, MPORTANT 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICEI TO THE P BE NYAMJOM MD. 2 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) 3601 AUTURNIC GLEN CIRCLE BURTONSVILLE MYS 20866

31. OATE FILED Month Day, Year 1990

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH A

8. AGE (In yrs. lest birthday)

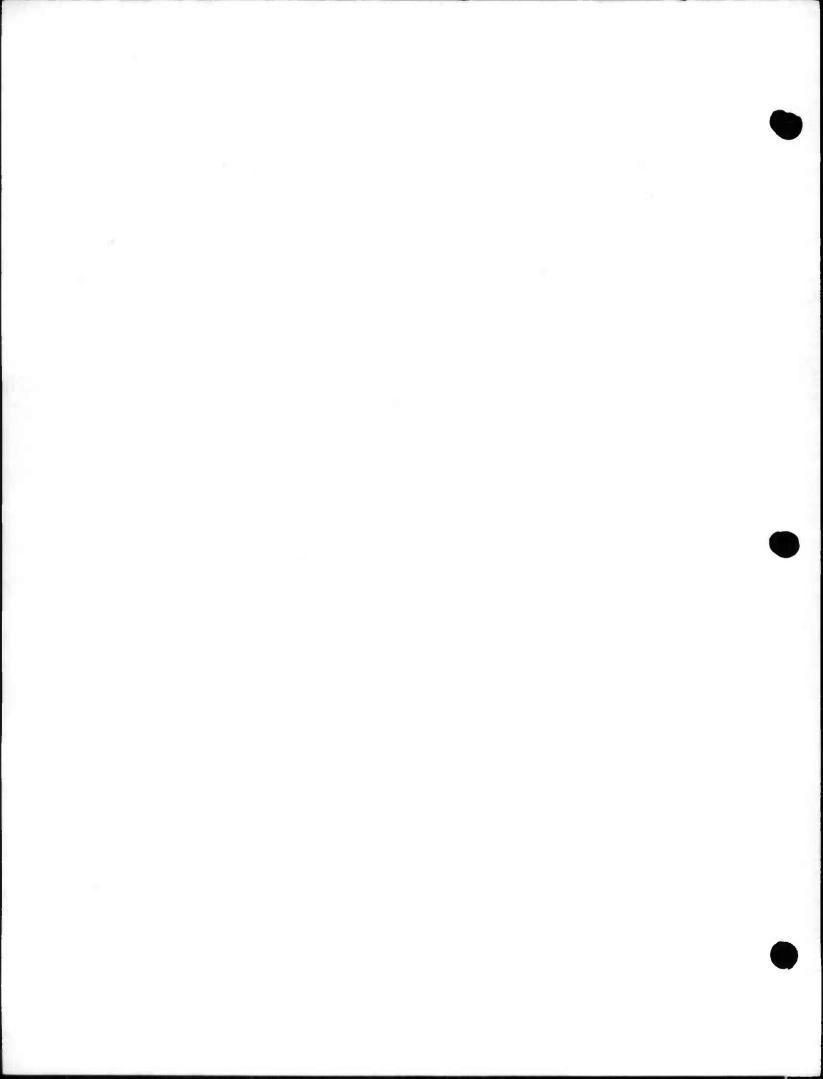
CERTIFICATE OF DEATI

IF UNDER 1 YEAR

IF UNDER 24

FRA

ND N	ND MENTAL HYGIENE REG. NO.								
	2. DATE	OF DEATH	<u> </u>	YEAR	3.	TIME OF OEATH			
		ay 5,	1990) TEAN	8	3:20pm M			
HRS.	7. OATE (Mont)	OF BIRTH h, Day, Year)		8. BIRTI Count		CE (State or Foreign			
		2-190	3			N.C.			
OF OE	ATH		9c. COU	NTY OF I	10				
.mo	re				90	*			
:e (City	7				I. INSIDE CITY LIMITS? YES 2 NO			
21:	231		•	IZEN OF	WHAT	COUNTRY?			
HISPAN	IC ORIGIN	1? (Specify Yes Rican, atc.)	_	14. RAC Blac	E —	American Indian, hita, etc.			
Specify		,,	Specify: BLACK						
	16b	. KIND OF BUS	INESS/IN	DUSTRY					
	SOUTHERN HOTEL								
	R'S NAME (First, Middle, Melden Surneme) NCES PATTERSON								
Rural F	Route Num	ber, City or Town	n, State, Zij	p Code)					
10T	ST	. BA	LTO	. MI).	21231			
tory or		20c. LO	CATION —	City or T	own,	State			
RY		AN	NE	ARUI	UD.	EL CO, MI			
OF FA	I F.	u 1	101	_		00711 0115			
		diec or reepi	101 ratory sr		11/	ORTH AVF			
						Interval Between Onset and Death			
on									
ven in	Part I.	24a. WAS AN PERFOR		24	****	RE AUTOPSY FINOINGS MLABLE PRIOR TO			
		1 - YES 2	M NO			MPLETION OF CAUSE DEATH?			
					1 [YES 2 NO			
ATH (Ch	ATH (Check only one)								
dence	dence 8 Other (Specify)								
NO	28d. DEŞCRIBE HOW INJURY OCCURED								
	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	nd due to the cause(s) and manner as stated. I at the time, data and place, and due to the cause(s) and manner as stated.								
SE NUMBER 29d. DATE SIGNEO (Month, Day, Year)									
36	9 =	14		2	6	190			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.		
- 8	1. DECEDENT'S NAME (First, Middle, Last)	CATHERINE))			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	KATHERINE 4. SOCIAL SECURITY NUMBER	V	MONROE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	05 0		990 4:21 A M
	216-16-8823	23 $1 \square M 2 \square F$ 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) $02 - 15 - 24$						Country) MD
S	90. FACILITY NAME (If not institution, give st THE JOHNS HOP		AL		n or location of de TIMORE	EATH		Y OF DEATH CIMORE CITY
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			Y. TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	MD MD			.,	RE,CITY			LIMITS?
FUNERAL	100. STREET AND NUMBER 2200 HOMEWOO			101. ZIP CODE 21218		10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 1 Wildowed 4 Divorced			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes if yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:			or No 14	4. RACE — American Indien, Black, White, etc. Specify: BLACK
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF BUS	I SINESS/INDUS	STRY
COMPLETED	Elementary/Secondary (0-12) 12th GRADE	12th GRADE 3½ yrs. TEACH				BALTO	. CITY SCHOOL	
BE CO	17. FATHER'S NAME (First, Middle, Last) FREDERICK HEBR	ON			,	ME (First, Middle, Melden JOHNSON		
TO B	190. INFORMANT'S NAME (Type/Print) JEAN QUEEN					Route Number, City or Tow Γ, ΒΑLΤΟ,		
	20a. METHOD OF DISPOSITION 1	oval from State	other place) GREENI	SITION (Name of	CEMETERY	20c. LO	CATION — CH	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	.)	22. NAM	AND ADDRESS OF FA	CILITY		E. NORTH AVE
	23. PART I. Enter the disease, or o			not enter the	moda of dying, euc	h aa cardiac or reap	iratory arrea	at, Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on a	aech line.					Intarval Between Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE	MDF):	DZATZNI	4		Many yrs
TION	Sequentisily list conditions, If any, leading to immediate	DUE TO (OR AS	OR AS A CONSEQUENCE OF):					Many yre
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseass or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE C	PF):				
EH		d						
EDICAL	PART II. Other significent condition	a contributing to death	but not resulting	in the underl	ying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
Σ								OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (C/	neck only one)		<u> </u>
SICI	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	Home 5 - Reeldence			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	IRED
2 Accident Investigation 2 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)						281. LOCATION (Street City or Town, Stete		r Rural Route Number,
Ë	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wledge, death occur	red at the time.	dete end place, and du	to the cause(s) and me	nner ee stated	d.
COMPL	one) 2 MEDICAL EXAMINE	R: On the basie of examinati					nd due to the	Couse(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ACADE	m.D.		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	OCF ST	JOHN	ACT	nes H	05 ATTA C	2.0.	
	31. DATE FIND AND ON YOUR 1990	Fula Davidos	MATHEMAN		(

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a strength of the strength of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the manner at a machine of the machine of the strength of the stre

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

O

S

024

DHMH-18 Rev 1/89

146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 inclus after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	/ IARYLAND Ce				DEAT		MENTAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	10.0		11						OF DEATH			TIME OF DEATH
	Stuart	N	lartin	Η.	Mad	cht			MONTH	5	9	O	1000 PH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Dey, Year)		BIRTHPLA Country)	CE (State or Foreign
	213-26-1618	1 M 2 D F	59	YRS.					<u>Ju</u> r	e 18.			land
~	9a. FACILITY NAME (If not institution, give	1./			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH	2.7	9c. COUNTY		
DIRECTOR	St. Joseph's Ho	spital	7.61		ļ		TO	NSO	n 🖟	2.0	. Ba	ltimo	re
EC	10a. STATE 10b. COUNTY 10c. CF				Y, TOWN							100	1. INSIDE CITY LIMITS?
5	Maryland	Baltimore		1	lunt	Val	ley	27	. 12	10.		1[YES 2 AO
IAL	10e. STREET AND NUMBER					101	. ZIP COD						COUNTRY?
FUNERAL	74 Montvieu Co	4	(=		-	\perp		030				AZL	
BY	11. MARITÁL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2 NA AR OR DATES			If yes, sp		n, Mexica	n, Puerto F	? (Specify Yei lican, etc.)	n or No- 14.	RACE — Black, W Specify:	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON at of workin	10	16b.	KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	-)						١.				
MP		4+		resi	dent						Aeros	oace	
	17. FATHER'S NAME (First, Middle, Last) Louis Ephriam Macht						1,100		Har	liddle, Maiden	Surname)		
BE	196, INFORMANT'S NAME (Type/Print)	naciii	190	b. MAILING	ADDRES	S (Street)					n, State, Zip Co	de)	
2	Ann C. Macht				ne as						.,,		
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremetion 3 Re		20b. PLACE other pl	OF DISPO				natory or		20c. LO	CATION - City	or Town,	Stata
	4 Donation 5 Other (Specify)	moval from State	Dulane	ey V						ns Ti	nonium	n, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE I	MAN	on Xt	Saw	22.	NAME A	ND ADDRE			-Mitch	ell-Wie	defe	dd.
	•	Martin 1	D. Laws	ón							arvlan		
L CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory arrest, abock, pr heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS												
ICAL				_		_		-	-	PERFO		CO	AILABLE PRIOR TO MPLETION OF CAUSE
MED									_			l .	DEATH?
100													
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	EATH (Ch	eck only or	e)			
YSI	1 YES 2 NO	1 inpatient 2	ER/Outpetient 3		4 🗆 Nu	raing Hor		esidence	6 🗌 Othe				
٥	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, L		286. TR	ME OF JURY M	W	JURY AT DRK? YES 2	∃ NO.	28d. DES	CRIBE HOW	INJURY OCCUP	RED	
ВУ	2 Accident investigation 3 Suicide & Could not be	28e. PLACE C	OF INJURY — At he	ome, form,	street, fac				28f. LOC	ATION (Street	and Number or	Rural Rout	e Number,
TED	4 Homicide determined	building.	etc. (Specify)						City	or Town, State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best or	ł my knowiedge, de	eth occur	red at the	time, date	and place	, and due	to the car	rse(a) and ma	nner as stated.		
MO	one) 2 MEDICAL EXAMI	NER: On the basis of r	xamination and/or	investigat	ion, in my	opinion,	death occu	red at the	time, deta	end place, a	nd dua to the o	cause(a) ar	nd manner as stated.
D H	29b. SIGNATURE AND TITLE OF CERTIF	IER /	1 10				29c. LIC	ENSE NUI	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
m	Kaumond	M. Ha	Huis	1	17.2)					> 5	15	190
0	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAU	ISE OF DEATH (ITE	1 (1) (1)	e, Print)	N.	BE	OAZ	WA	1/2	BALTO	. //	No. 2/205
	MAY 9 199	1 gula Da	TH OFFICE CO.										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICALE	PF DEATH	REG. NO),			
1	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHIALE 4. SOCIAL SECONTY NUMBER 5. SEX 6. AGE (III	MO	NTA	SUE	05 -03	3-9	YEAR S. TIME OF DEATH		
	099-20-2413- A 1 □ M 2XXF 8	yrs. lest birthdey) YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) 10/26/190		BIRTHPLACE (State or Foreign Country) HOWARD CO, MD.		
S S	9a. FACILITY NAME (If not institution, give street and number) BON SECOURS HOSPITAL			CITY, TOWN OR LOCATION OF DEATH BALTIMORE					
5	RESIDENCE OF DECEDENT								
DIRECTOR	MARYLAND 10b. COUNTY	10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE CITY			10d. INSIDE CITY LIMITS? 1XX YES 2 \(\sum \) NO			
FUNERAL	100. STREET AND NUMBER 225 NORTH FULTON AVENUE		10f. ZIP CODE 21.223			U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 📈 Widowed 4 Divorced	2 XX 0	If yes	DECENDENT OF HISPA s, specify Cuban, Mexico YES 2 NO Specific		s or No— 1	I4. RACE — American Indian, Black, White, etc. Specify: Black		
							black		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S		PATION g most of working	16b. KINO OF BU	ISINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	DOMEST	e retired.)	g most of working	PRIVA	TE FAM	ILIES		
5	17. FATHER'S NAME (First, Middle, Last)			16, MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
BE C	RICHARD HARRY HARRIS			MAN	MIE LEWIS	5			
2	19e. INFORMANT'S NAME (Type/Print)				Floute Number, City or Tov				
- 1	SHIRLEY E. COOPER	5259	CORDEL	IA AVE., E	BALTO., MD	. 212	15		
	20a METHOD OF DISPOSITION 20b.	PLACE OF DISPOS		f cemetery, crematory or			ity or Town, State		
	YLABurlel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	ARBUTUS				LTIMOR	RE CO., MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NUT 250	TER FUNERAL GWYNNS	AL HOMES, FALLS PKWY	INC. BAL	21216 TIMORE, MD.		
	23. PART I. Entar the diseases, pr complications that caused shock, or heart failure. List only one cause on ea IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OFFICE OR AS A	CONSEQUENCE O	F):	RRIE	1		Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. ATTRIC SCCINCIA CAR O ICUMS COLUMN OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant conditions contributing to death but	it not resulting	In the under	tying cause given in	Part I. 24a, WAS AI	NAUTOPSY	24b. WERE AUTOPSY FINDINGS		
I: MEDICAL					PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
₹	25. WAS CASE REFERRED TO MEDICAL		2	6. PLACE OF DEATH (C	heck only one)				
힐	EXAMINER? NOSFITAL:		OTHER:						
X	1 YES 2 NO 1 Inpatient 2 ER/Output	ntient 3 🗆 DOA	4 - Nursing	Home 5 - Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 W Natural 5 Pending 2 Accident Investigation	28b. Till IN.	JURY	: INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCI	URED		
입	3 Suicide S Could not be determined 28e. PLACE OF INJURY building, etc. (Special Country Special	street, factory,	office	281. LOCATION (Street City or Town, State		or Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination								
8	290. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	IMBER C-3 C	29d. DATE	SIGNEO (Month, Day, Year)		
유	30 TAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEA			C 4 = C			7,70		
	31. DATE FILED MANNEY DOWN TO 1990 32 REGISTRAPIS SIGNAL	Marida Ma	318	CAMP	DRAD	13 6	2096		
	MMI 9 1990 3000								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the oeath certaicate be executed within 237—3013 and death. Page 6 may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
Dy the hosp	d be detached		d at once.
ay be retained	page 5 shou		t be notifie
im. rage 6 m	neral director,		miner mus
and aller de	ed in by the fu	or removal.	medical exa
TEG WITHIN 24	completely fille	ial. cremation,	event, the
care be execu	physician and	e prior to bur	er traumatic
e death certin	he attending p	Wental Hygien	lury, or oth
quires that the	n signed by th	Health and	ows any in
N: The law re	ficate has bee	State Dept. o	item 23 sh
ING PHYSICIA	After this certi	leath with the	marked, or
L OR ATTEND	DIRECTOR: /	hours after of	item 28 is
THE HOSPITA	THE FUNERAL	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 9YEAR DAVEJTA ARTIN MURIE 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 26-71 DAYS 1 M 2 VF 16-BALTO. M 7-12-1901 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Stella M DIRECTOR MARIS Baltimore SON 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Baltimore Towson 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2300 Dulaney Valley Road 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, etc. If yea, specify Cuben, Mexicen, Puerto Ricen, etc.) XIX Never Merried 2 Merried 1 TES 2 XXIO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) Secretary Hospital 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William J. Martin Laura Hibline BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 9 13801 York Road Cockeysville, Maryland 21030 Mary Louise Hibline 20e. METHOD OF DISPOSITION

XX Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 L Communication of Funeral Service LICEN XXX XXX Loudon Park Balto. Md. 22. NAME AND ADDRESS OF FACILITY Dennis Stephen X nakis Mitchell-Wiedefeld Home 6500 York Rd 21212 23. PART I. Entar the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallura. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final cardio-Vascular disease disease or condition_ eterio-Speratic reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate se. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) t TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | OOA 28s. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide datermined 29e. CERTIFIER

(Chack only

t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occursed at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE le 4a 2 30. NAME AND ADDRESS OF PERSON

DUAXS

Day Year)

32. REGISTRAR'S SIGNATURE

Julia Davidson

2360

Mandall .

s after death. Page 6 may be retained by the hos	in by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	GEORGE		McDON(r DEA	Н	REG. NO.		3. TIME OF DEATH
	GEORGE FRANK G	McDC	DNOUG	5/7/90°	AY YE	8:30 AM			
4. SOCIAL SECURITY NUMBER 215-014157	5. SEX 6.	AGE (In yrs. les		IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 1 / 1 0 / 0 4	6. M	BIRTHPLACE (State or Fore Country) Maryland
9a. FACILITY NAME (If not institution, give si		-		96. CITY, TOW	OR LOCATI	ON OF DE		9c. COUNTY	OF DEATH
Dulaney Towsor	er	Towsc	n, M	D		Ва	Baltimore		
100. STAM aryland 10b. COUNTY 1001 Arran Road	Balti	nore	10c. CITY,	Balt:	Lmore				10d. INSIDE CITY LIMITS? 1 YES XXX
100. STREET AND NUMBER 1001 Arran Road	1				101. ZIP COD	1239)	109. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES ZAZ	2 A No If yes, specify Cuban, Maxica			en, Puerto Ricen, etc.) Bis		Black, White, etc. Specify: White	
15. DECEDENT'S EDUI		16a. DE	CEDENT'S U	SUAL OCCUPA	TION	10	16b. KIND OF BUS	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille	. Do NOT use	work done during most of working less retired.) ales/Driver Dry Clear				leanin	g
17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)	
George Edward	McDonough				K	athe	erine Koh	ler	
19a. INFORMANT'S NAME (Type/Print)		19					Route Number, City or Tow		
Catherine M. Lit							vson, Mary	land 2	1204
20a. METHOD OF DISPOSITION XIX Burlal 2 Cremation 3 Ram	ovel from State	other pl	lace)	TION (Name of					or Town, State
4 Doneston Dotter (Specify) St. Joseph's Church Cemetery Texas, Maryland 21. SIGNATURE SEFUNERAL SERVICE TO THE SPECIFIC TO									
1 Samus J	n Xenaki	era	Res					6500 3	York Rd. 21
shock, or heart fellure. List only one cause on each line. Interval Batween Onset and Death Interval Batween Onset and Death Seven Artic Stevens's oue to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST Interval Batween Onset and Death Onset and Death DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):									
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Severe Peripheral Vascular Disease Dry Granerene Lawer Exts, Bilaterrall Severe Happal Rumening.									
THE THE	HOSPITAL:			26. QTHER:	PLACE OF	EATH (Ch	eck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		R/Outpatient 3	DOA 4	Nursing H	***************************************	esidence	6 Cher (Specify)		
EXAMINER?	1 Inpatient 2 E	t Natural 5 Pending (Month, Day, Mar) INJURY WORK?							RED COM
EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF IN.			44	and the second second	NO			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF IN.	Mar)	SWJUI	M 1	YES 0[NO	287, LOCATION (Street City or Rwin, State)		Rural Route Number,
EXAMINER? 1 VES NO 27. MANNER OF DEATH Whatural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF IN. (Movit), Day. 28e. PLACE OF II building, etc.	Heer) LURY — At he (Specify) knowledge, de	oma, farm, str	M 1	YES 2 [Zend due	City or Rwn, State) to the cause(s) and mar	nner as stated.	Flural Ploute Number,
EXAMINER? 1 VES NO 27. MANNER OF DEATH Whatural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF IN. (Month, Day). 28e. PLACE OF II building, etc. ICIAN: To the sent of my	Heer) LURY — At he (Specify) knowledge, de	oma, farm, str	M 1	VES 2 [Zend due	City or Rwn, State) to the cause(s) and mar- time, date and place, an	nner as statled. Id due to the c	
EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Guident Investigation 3 Guident determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF IN. (Month, Day). 28e. PLACE OF II building, etc. ICIAN: To the sent of my	Heer) LURY — At he (Specify) knowledge, de	oma, farm, str	M 1	VES 2 [And due	City or Rwn, State) to the cause(s) and mar- time, date and place, an	nner as statled. Id due to the c	ause(s) and menner as sta
EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Guident Investigation 3 Guident determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF IN. (Month, Day). 28e. PLACE OF II building, ele CLAN: To the sense of exam II	Murry — At he (Specify) knowledge, de	anth occurred forestigation	M 1 [rest, fectory, of	Tice of the place	Vand due red at the ENSE NUI	City or Rwin, State) to the coune(s) and ma- time, date and place, an	oner as stated. Indicate to the common part of the	ause(s) and menner as sta

	affer
	hours
9	20
o,	within
200	manufact
<	2
0.00	cartificate
	death
- RECORDS, P.O. BOA 13146,	Tay of ATTENDING DUVEICIAN. The law requires that the death certificate he executed within 24 hours after
_	Land.
<	F
DIVISION OF VITAL	DUVCICIAN.
2	SMICHIG
2	ATTE
5	90
	TA

1	215-28-76		and number)	9 (9	b. CITY, TOWI	N OR LOCATION OF D	APR.		GERMAN
ECTOR	SINAI HOSPITAL					BA	LTIMORE			
DIREC	10a. STATE 10b. COUNTY MARYLAND				10c. CITY, 1	BALTI			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
VERAL	100. STREET AND NUMBER 2500 W. BELVI						101, ZIP CODE 21215			ZEN OF WHAT COUNTRY? USA
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Mere 3 Widowed 4 Divorced	rried	WAS DECEOENT E FORCES? 1 IF YES, GIYE WAR	YES 2X	ARMED	If yes,	Specify Cuban, Mexic (ES 2 MO Speci	en, Puerto Ricen,		14. RACE — American Ind Black, White, etc. Specify: WHI
LETED	(Specify only high		ON ploted) pliege (1-4 or 5+)	16a.	Give kind of wor life. Do NOT use i	k done during retired.)			OF BUSINESS/IND	DUSTRY
OMPL	10 17. FATHER'S NAME (First, Middle	e / est)			SALI	ESMAN	18 MOTHER'S N	AME (First, Middle,		
O	SIMON MORGENSTERN			M				ANNY SEG		
100	19a. INFORMANT'S NAME (Type/I			-	19b. MAILING A	DDRESS (Street	et and Number or Rural			Code)
5	MRS. MARION STRAUS					WAY RD.			21208	
	1 5 Yurial 2 Cremation 3 Removal from State		other	PLACE OF DISPOSITION (Name of cometery, crematory or other place)				20c. LOCATION — City or Town, Stata		
	4 L Donetton 5, Other (Specify)				IEVRA AI		CHESED AND ADDRESS OF F	ACILITY	RANDALLSTOWN, MD	
	· Send o	1 4	tille	4		SO	L LEVINSO	N & BRC	S., INC.	
	immediate cause (Final disease or condition resulting in death)		Pulm Cond	101 a	MY OCC SECULENCE OF):	cart	faile	we.		Interval E Onset an
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a	Pulw Cong Due to to Cov ou	ION QUESTIL	MY OCC SECULENCE OF):	cart	faile	vre. Se, Cicu	ite my	
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a is,	PULM CONCY DUE TO (O	HAS A CON CSTIL HAS A CON MAY CON	SEQUENCE OF):	ery	fain	De CCU	WAS AN AUTOPSY PERFORMED? YES 2 NO	Onset an
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of	a is, b ta c d conditions co	PULM CONCY DUE TO (O	HAS A CON CSTIL HAS A CON MAY CON	SEQUENCE OF):	ery	fain	De CCU	WAS AN AUTOPSY PERFORMED?	Onset an Ons
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER?	a a b te c conditions co	DUE TO (O DUE TO (O DUE TO (O DUE TO (O	IDM Q IR AS A CON IP AS A CON MCW C IR AS A CON eath but no	SEQUENCE OF:	ery tha underly	diseas	n Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	Onset an Ons
YSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pen	a is, ta is c d conditions co	DUE TO (O	IN AS A CON CSTILL IR AS A CON CSTILL IR AS A CON CON CRAS A CON C	SEQUENCE OF:	tha underly tha underly 26 OTHER: Nursing H OF 28c. RY	fails diseas	n Part I. 24a. 1 □ Check only one) 6 □ Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF OEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of the EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pen Pen	a ta d conditions co	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	INJURY — AI	SEQUENCE OF: SEQUENCE OF: SEQUENCE OF: 1 3 DOA 265. TIME INJUI	tha underly tha underly tha underly tha underly tha underly tha underly tha underly 26 OF 28 RY 4	AISECIS VING CAUSE GIVEN IN L. PLACE OF OEATH (C. HOME 5 Residence INJURY AT WORK? YES 2 NO	n Part I. 24a. 1 □ Check only one) 6 □ Other (Spe 28d. DESCRIBI	WAS AN AUTOPSY PERFORMED? YES 2 NO Polity) E HOW INJURY OC	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF OEATH? 1 YES 2
YSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant of the cause in the cause of the	a ta c d conditions or secondary ding partigation uld not be armined	DUE TO (O DUE TO (O	IN AS A CON C S T I U IP AS A CON C S T I U IP AS A CON C S T I U IP AS A CON C S T I U IP AS A CON C S T I U IP AS A CON C S T I U IP AS A CON C S T I U IP AS A CON IN JURY — A IN JURY	SEQUENCE OF): SEQUENCE OF): SEQUENCE OF): The resulting in 28b. Time INJUI It horie, farm, str	tha underly tha underly tha underly tha underly 26 OTHER: Nursing OF, NY M 1 Teet, factory, o	Accilication of the second of	n Part I. 24a. 1 □ Check only one) 6 □ Other (Spe 28d. DESCRIBI 28f. LOCATION City or Row	WAS AN AUTOPSY PERFORMED? J YES 2 NO Colly) E HOW INJURY OC A (Street and Number on, State)	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF OEATH? 1 YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the man after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
VISIO	ATTENDIA	ECTOR: Af	n 28 is r
á	AL OR	AL DIRE	If Herr
	TIASON	UNERA	ANT:
	THE P	TO THE P	IMPORT

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.
	1. DECEOENT'S NAME (First, Middle, Lest) MARCHE MAYERS 2. DATE OF DEATH MONTH 5 YEAR 8:09P. M
	MAKCIE MAYERS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	250-21-2532 1 M 2 XF 7/ YRS. MONTHS DAYS HOURS MIN. (Month, Day, Isan) 5-19 3.C.
_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
TOT	RESIDENCE OF DECEDENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? PES 2 NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14, RACE - American Indian,
BY FI	1 Never Married 2 Married 5 Merried 2 Married 5 Wildowed 4 Divorced FORCES? 1 YES NO If yes, apecify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify: YES LO
	15. DECEDENT'S EDUCATION (Specify agil, blighest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)
MO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE C	John Henry HARJER BILA MARTIN
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
-	BAIDARA GASKILL SSOU BELLE VISTA HYE BALTO AND.
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetory, cremetory or other plate) 20c. LOCATION — City or Town, Statis 20c. LOCATION — City or Town, Statis 20c. LOCATION — City or Town, Statis
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Betts Funeral Home 1/2911. CAROline ST.
	23. PART I. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final
	disease or condition resulting in death) Due to (or as a consequence of the consequence
	DUE TO (OR AS A CONSEQUENCE OF)
NO	Sequentielly list conditions, OUE TO (ORAS A CONSEQUENCE OF):
ATI	If any, leading to immediate cause. Enter UNDERLYING Polymorary eding.
잂	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in daeth) LAST d. Gi Bleed.
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
DICAL	PERFORMEO? AWAILABLE PRIOR TO COMPLETION OF CAUSE
	OF DEATH?
2	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 HOSPITA
Y PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Maturel 5 Pending threestigation The project of the pro
ED BY	2 Accident trivestigation 3 Suicide 6 Could not be detarmined 4 Homicide Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	29s. CERTIFIER (Charle code 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 5/5/5
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DEATH (ITEM 27) (Type, Print)
	FOR WORK AND ALONS OF PERSON WHO COMPLETE CAUSE OFFICE AT A STATE AND ALONS OF PERSON WHO COMPLETE CAUSE OFFICE AND ALONS OF PERSON WHO COMPLETE CAUSE OFFICE AND ALONS OF PERSON WHO COMPLETE CAUSE OF PERSON WHO CAUSE OF PERSON
	1990 gethe Davidson-Ganacia

BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH RECMEDY 5,1990 7:30pm 2. OATE OF DEATH MONTH S 1. DECEDENT'S NAME (First, Middle, Last. 3. TIME OF GEATH DAY 7:200 M HERBERT L MEYER 90 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS 1 🖳 2 🗌 F 215-24-9619 61 7-23-1928 MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORP BALTIMORE CTIY RESIDENCE LUENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 1863 CHURCH-ROAD 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, Whita, atc. FORCES? VV YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerlo Rican, atc.) 1 TES 2X XNO Specify ВУ 3 Widowed 4 Divorced KOREA WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 6+) 8TH GRADE FIRE FIGHTER BALTIMORE CITY F 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) WILLIAM MEYER MARY ARTHUR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROSEMARIE 1863 CHURCH ROAD BALTIMORE MARYLAND 20s. METHOD OF DISPOSITION
1 V Suriet 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, Stata SACRED OF JESUS CEM. 5-8-90 BALTIMORE MARYIAND 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDÁ-RUCK FUNERÁL HOME OF DUNDALK, INC. 30 1922 WISE AVENUE DUNDALK MD 23. PART i. Enter the diseases, or complications that caused the death, Do not enter the prode of dying, such as cerdiec or reepiratory arrest, into one in the product of **Approximate** interval Between Onset and Death resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART ii. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 | YES 2 | 4 10 OF DEATH? 1 YES 2 19-110 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Despetient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | 10 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as attend. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) Physica BE Medical I land & dans D37203 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Terance L. Lamd TERANCE LAMB

CHURCH HOSPITAL

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

MD 2231

BALTIMORE

Pages 1, 2, 3 should

permit.

burial-transit

펂

notified

pe

must

examiner

medical

the cremation,

traumatic

other

0

in uny,

shows any

23

Item certificate to the State

0

marked,

... DIRECTOR: hours after of

28

Hem

IMPORTANT:

BE

2

2 MEDICAL EXAMINER: On the basic of agr

Peretti

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. - Assistant

32. REGISTRAR'S SIGNATURE
Fruhe Day down And Me

296. SHOWATURE AND THE OF CHATTERER

Frank J.

223

completely event.

funeral director,

	0	0 =
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+mours after de-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.
	65	9 5
	3	5 6
	2	1 N
_	F	Tat
	F.	Cre
	200	al,
)	100	P d
	8	20 2
	2	io da
	ate	SE DE
	tific	d b
)	93	事を
	ath	tten al F
-	de	e a
9	the	52
	Jat	3 5
,	S	重要
)	uire	Sig
ļ	Ped	9 6
	W	S P
	96	20
	E	tate
	AN	tific e S
	Sic	E C
	F	this
	9	神信
)	O	A
5	E	at de
	A	ECT S
	8	Dig Dig
	A	\$ R
	d	EH SE
	옆	豆葉
	포	里多
	=	厂量

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR I.M. Lacey Nelson 5 90 11:54 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign N/A 1 M 2 F YRS. 10 16 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Md. Balto. 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2615 W. Belvedere Ave. 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, stc. 1XXNever Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Specify: Black 1 TES 2XXNO Specify: BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Derrick Nelson Jeanine Moore BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2615 W. Belvedere Ave., Balto., Md. Jeanine Moore 21215 20a, METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or King Mem. Pk. 4 Donetion 5 Other (Specify) Randallstown, Md. 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Ave. Je mosquell Turne her the diesesse, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate ock, or heart failure. List only one cause on each line. interval Between IMMEDIATE VAUSE (Final Onset and Death disease or condition Mechanical asphyxia reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE TXXYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TXXVES 2 | NO ↑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Subject wedged between wall & mattress 1 Natural 5 Pending 1 YES 2 NO 5/5/90 M A BY 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide home 4309 Pimlico Rd, Balto. 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

ion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated.

29c. LICENSE NUMBER

OCME

111 Penn St.

DHMH-16 Rev 1/89

29d, DATE SIGNED (Month, Day, Year)

5/6/90

Balto.MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	_		
	shoule		
	ന		
	2		
	S		
	Page		
	permit.		
onysician.	burial-transit		
5	2		
ē	1S		
8	92		
6	5		
2	u rot ber		
Spil	8		
2	detache		8
9	g		5
6	d be d		70
8	용		70
i i	hou		Iffe
100	2		No.
8	96		40
d'	2		4
0	Ď,		8
2	9		E
5	0		9
6	era		Ē
Jea	Ž		X
9	음	Mal	il.
9	3	E S	lice
2	5	T R	99

	1 - STATE OF I	MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	70 1200							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH										
	Henry Beverly Noell			5 - 4 - 90 2:15 pm								
	4. SOCIAL SECURITY NUMBER 5. SEX	All years and a second	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Manth, Day, Your) 5 - 21 - 15	8. BIRTHPLACE (State or Foreign Country)							
	216-07-6403 1 🕮 🛚 2 🗆 F	/4 YRS.			Virginia							
œ	99. FACILITY NAME (If not institution, give street and number) 630 Yarmouth Road		CITY, TOWN OR LOCATION OF D OWSON		county of DEATH							
6	RESIDENCE OF DECEDENT		OWSOII		arcimore country							
RE	10a. STATE 10b. COUNTY		WN OR LOCATION		10d. INSIDE CITY LIMITS?							
6	Maryland Baltimore Co	on	1 🗆 YES 2 🏋 NO									
RAL	630 Yarmouth Road		10f. ZIP CODE 21 204	10g.	U.S.A.							
FUNERAL DIRECTOR		T EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA									
F	1 Never Married 2 Married FORCES? 1	YES 2 NO	If yes, specify Cuben, Mexic	an, Puerto Rican, atc.)	Black, White, etc.							
ВУ	3 Wildowed 4 Divorced		specify: White									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUA (Give kind of work of	lone during most of working	16b. KIND OF BUSINES	S/INDUSTRY							
J.	Elementary/Secondary (0-12) College (1-4 or 5-12 Vears	Technici		Telephone Company								
N N	17. FATHER'S NAME (First, Middle, Last)	reciniter		NAME (First, Middle, Maiden Surname)								
ö	Henry Seymore			Eliza Cofer								
BE	19e. thFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town, Stat	e, Zip Code)							
2	Mary R. Noell	630 Ya	rmouth Rd. To	wson, Marylar	nd 21204							
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) 20c. LOCATION — City or Town, State other piece)											
	Dulaney Valley Memorial Gardens Lutherville, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home											
	John G. Reitz John 6500 York Rd. Baltimore, Maryland 21212											
	23. PART I. Enter the diseases, or confolications the shock, or heart fallure. List only one car	it caused tha death. Do not a use on each line.	nter the mode of dying, suc	ch aa cardiac or reapiretor	interval Between							
	IMMEDIATE CAUSE (Final disease or condition											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastata Colon Caucar 5mc											
_												
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CA	cause. Enter UNDERLYING											
E I	thet initiated events resulting in death) LAST											
CERTIFICATION	d											
AL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPS ANAILABLE PR											
20		1 D YES 2	O COMPLETION OF CAUSE OF DEATH?									
M												
AR	25 WAS CASE DESERBED TO MEDICAL											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Ingellent 2 ER/Outcettent 3 DOA 4 Number No. 1 Ingellent 2 ER/Outcettent 3 DOA 4 Number No. 1 Ingellent 2 ER/Outcettent 3 DOA 4 Number No. 1 Ingellent 2 ER/Outcettent 3 DOA 4 Number No. 1 Ingellent 2 ER/Outcettent 3 DOA 4 Number No. 1 Ingellent 2 Ingellent 2 Ingellent 2 Ingellent 2 Ingellent 3 Ingellent											
H	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
ВУ Р	1 Netural 5 Pending (Month, I		M 1 YES 2 NO	□ NO								
				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	3 Suicide 8 Could not be 26a. PLACE (building	OF INJURY — At home, farm, street, etc. (Specify)	, factory, office		imber or Rural Route Number,							
G	3 Suicide 2 Could at 26s. PLACE (OF INJURY — At home, farm, street etc. (Specify)	, factory, office	28f, LOCATION (Street and No City or Town, State)	mber or Rural Route Number,							
G	3 Suicide 8 Could not be determined 26s. PLACE obuilding 2	etc. (Specify) f my knowledge, death occurred at	the time, date and place, and du	City or Town, State) to the cause(a) and manner a	s stated.							
0	3 Suicide a Could not be 4 Homicide detarmined 25a. PLACE (building	etc. (Specify) f my knowledge, death occurred at	the time, date and place, and du	City or Town, State) to the cause(a) and manner a	s stated.							
COMPLETED	3 Suicide 8 Could not be determined 26s. PLACE obuilding 2	etc. (Specify) f my knowledge, death occurred at	the time, date and place, and du	e to the cause(e) and manner as time, date and place, and due	s stated.							
BE COMPLETED	3 Suicide 8 Could not be 26a. PLACE building 29a. CERTIFIER Check only 2 MEDICAL EXAMINER: On the basis of a 29b. SIGNATURE AND TITLE OF CONTIFIER CALL	f my knowledge, death occurred at examination end/or investigation, in	the time, date and place, and du my opinion, death occured at the	e to the cause(e) and manner as time, date and place, and due	s stated. to the cause(a) and manner as stated.							
COMPLETED	3 Suicide 8 Could not be 26a. PLACE building 29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER: On the basis of a 29b. SIGNATURE AND TITLE OF CERTIFIER CALL CAL	t my knowledge, death occurred at examination end/or investigation, in	the time, date and place, and du my opinion, death occured at the	e to the cause(a) and manner as time, data and piece, and due	s stated. to the cause(s) and manner as stated.							

.

- Lat. 12

all at

1	-	FOR STATE REGISTRAP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR				ERIII	IVAI	LOI	DEATH		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 2. TIME OF DEATH													
	Willie Rob Piper								5			990	4:15 P.	M
	4. SOCIAL SECURITY NUMBE			4.			DAYS	HOURS M	IN. (M	TE OF BIRTH onth, Day, Year)		Country)	ACE (State or Foreign	
	418 22 2237 1 M 2 10 F		64	64 YAS.		MONTHS DAYS HOURS MIN.		-	5-10-1925		5 Alabama			
	9s. FACILITY NAME (If not institution, give street end number)					9b. CITY, TOWN OR LOCATION OF CEATH Sc. COUNTY OF CEATH								
5	2346 E. Fayette Street					Baltimore City ======								
5	RESIDENCE OF DEC	EDENT												
DINECTOR	10s. STATE	10b. COUNTY					7, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?							
	Maryland	====	===		I	Baltimore						X YES 2 NO		
4-	10e. STREET AND NUMBER					101. ZIP COOE				10g. CITIZEN OF WHAT COUNTE				
UNERA	2346 E.	Fayet	te Stree	t		21224				U	.S.A.			
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A		13. WAS DECENDENT OF HISPANIC ORIGIN					American Indian, hits, etc.			
	1 Never Married 2		IF YES, GIVE V					pecify Cuben, Mexicen, Puerto Rican, etc.) S 2 X NO Specify:			Specify:			
	3 Widowed 4 K Divor	ced										White		
3		15. OECEGENT'S EQUICATION (Specify only highest grade complete				CECENT'S USUAL OCCUPATION for kind of work done during mos		ON 16 ost of working		16b. KINO OF BUSINESS/INDUST		USTRY		
	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	fe. Do NOT u				- 1					
L L			2 years		Machi			inist			Maryland Cup			
ξ	17. FATHER'S NAME (First, Mi	HER'S NAME (First, Middle, Last)							16. MOTHER'S NAME (First, Middle, Melde			en Surname)		
100	Piper						Unavailable							
19e. INFORMANT'S NAME (Type/Print) 19b. MAII					96. MAILING	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
-	Stanley G	ondzar			2346	E.	Faye	ayette Street Baltimore, Maryland 21224						
	20s. METHOD OF DISPOSITION 1 Burlal 2 X Cremation		aunt form Cant	20b. PLAC	E OF DISPO	SITION (Name of cametery, cremetory or 20c. LOCATION — City or Town, State						, State	П	
	4 Donation 5 Other		Over Hom State			Crematory, Inc. Baltimore, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225													
	23. PART I. Enter the di	seases, or o	complications the	t caused the	deeth. Do								Approximate	\dashv
		shock, or heart failure. List only one ceuse on each line.												
	immediate cause (Fin disease or condition	IMMEDIATE CAUSE (Final disease or condition												
- 1	resulting in death) 8. COLOGO V ESD I VOTO V ITVVES I DUE TO (OR AS A CONSCOUENCE OF):													
	disease or condition resulting in death) s. Cardio vespivatory Hrrest Due to (or as a consequence of): Neuro vas cult is afecting the central Nervous System / year Due to (or as a consequence of):													
HIFICALION	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):													
۲	if any, leading to immed cause. Enter UNDERLY!													
	CAUSE (Disesse or inju- that initiated events	ry	c. DUE TO	(OR AS A CONS	EQUENCE O	DF):								-
	resulting in death) LAS	т 📗	4											
3														
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pa						n in Part	rt I. 24a. WAS AN AUTOPSY PERFORMED?			ERE AUTOPSY FINDINGS	1		
١									COMPLETION OF CAUSE OF DEATH?					
	1 YES 2 NO													
-														
3	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
PHISICIAN: M	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
	27. MANNER OF DEATH		28a. DATE OF		28b. TIA	E OF	28c. IP	JURY AT	28d.	DESCRIBE HOW	INJURY OC	CURED		
- 1		1 Natural 5 Pending (Month, Day, Year) INJU						YES 2 N	0					
0	2 Accident Investigation 3 Suicide 5 Could not be building, etc. (Specify)					street, f	factory, off	Ice		281. LOCATION (Street and Number or Rural Route Number,				
		determined	ounding.	etc. (Specify)	іреспу)				City or Town, State	D)				
4	29a. CERTIFIER 1 DECERT													
2	(Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.						nd manner as stated.							
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MA							4							
						Onth, Day, Year)								
2	30, NAME AND ADDRESS OF	DEBSON WA	O COMPLETED CAU	DE DE DEATH IT	TEM 970 /5-	- Outet		JU J	丁人	10	11/	lay :	7, 17,10	
	E A . T	C =	O SUMPRETEU CAU	OF DEATH (II			1	. n.		20 T1	N. W	He ST.	1 Balto MI)
	31. DATE FILED (Month, Day,	Year)	A SO DECIETO	AR'S SIGNATURE		eu	rolos	y roley	101-1	SO, John	SHOP	Kins	Hosza	
	MAY 91990	1 4	what Devids	n-Hande	12.			· ·			/		,	
	MINI 01000 A													

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-train be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

5 7 - 2

Same desir

2 1 194 July

of a contract of the contract

II.

- The State of

41-1

	5
o'	within
13140,	executed
<	2
0. 607	e law requires that the death certificate be executed within 2
7. O	death
2	the
É	that
HECOHOS,	requires
-	MP
Ā	The
OF VIIAL	ATTENDING PHYSICIAN: The L
DIVISION	ATTENDING
=	OR
	PITAL OR ATT

TO THE FUNERAL DECIDIOR THE STATE AND THE STATE OF THE ST
--

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

9

DIRECTOR

FUNERAL

BY

COMPLETED

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH esTer \$5 AMM WERS 5 90 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yee 8 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS 216-18-9359 98. FACILITY NAME (If not institution, g Aralina Donas 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH The Deater Hop & Michias Baltimon RESIDENCE OF DECEMENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto. 1 X YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 1027 Cathedral St. 21201 Apt. 14 L USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-I1 yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried 1 TES 2X XNO Specify: 3 Wildowed 4 Divorced BLACK 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) John Davis Leah Davis 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph Powers, Sr. 2805 W. North Ave., Balto., Md. 20e. METHOD OF DISPOSITION
1 XI Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Md. Nat. Mem. Pk. Laurel, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Flime March F.H . West 4300 Wabash Ave. 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats hock, or hasrt failure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DOE TO (OR AS A CONSEQUENCE OF) Inotic Cardiovasco ENOR Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE book 1 ☐ YES 2 ☐ NO OF DEATH? Fracture /eft 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINENT OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) tient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner so stated. 2 MEDICAL EXAMINER: On the besie ition end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(e) end menner as stated. AUSE OF DEATH (ITEM 27) (Type, Print

who Davidson-Randall

YSICIAN: The law requires that the death certificate be executed within 24 hours at scertificate has been signed by the attending physician and completely filled in by the State Dept. of Health and Mental Hygiene prior to burifal, cremation, or remedic, or item 23 shows any injury, or other traumatic event, the medicial	the funeral director, page 5 should be detache yal. al examiner must be notified at once.	ter death. Page 6 may be retained by the hosp	
TO THE HOSPITAL OR ATTENDING PHOSP TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	hin 24 nours a	

STATE	0F	MARYLAND	/ DEF	PARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
			ERT	IFICATE	OI	F DEAT	H		REG. NO	D.

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND		MENT OF H			GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	H PE	TER	2.5		2. DATE OF DE	DAY	4EAR	3. TIME OF DEATH 5:30 P M
	4. SOCIAL SECURITY NUMBER 5. SE			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIS			IPLACE (State or Foreign
	217-28-3125 1 □	M 2 1 5	YRS.	ONTHS DAYS	HOURS MIN.		, 1932	M:	aryland
OR	Bon Secour Hospital	1 number)		Baltimo		AIR	90.00	ONIT OF L	PEAIN
[[RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY.	TOWN OR LOCAT	ON				10d, INSIDE CITY
DIRECTOR	Maryland			altimore	2				LIMITS? XX YES 2 \(\) NO
₹ 	10e. STREET AND NUMBER			-	ZIP CODE				WHAT COUNTRY?
FUNERAL	4008 West Franklin				21229			J.S.A	
BY FU	1 K Navar Marriad 2 Marriad Fo	MS DECEDENT EVER IN U.S., ORCES? 1 YES 2 T YES, GIVE WAR OR DATES		If yes, spe	enDENT OF HISPAN elfy Cuban, Maxical 2 NO Specify	n, Puarto Rican,		14. RAC Blac Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUCATION	18a,		SUAL OCCUPATION		18b. KIND	OF BUSINESS/II	NDUSTRY	
	(Specify only highest grade complete Elamentary/Secondary (0-12) Collete	ega (1-4 or 5+)	(Give kind of wor life, Do NOT use	rk done during mo: retired.)	at of working				
딥		llege 4+	Teach	er		Balt	imore (City	Public Sch.
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)				18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)	
BE 0	Raymond W. Peters				Helen	Jackson	1		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Number, Cit	y or Town, State,	Zip Code)	
2	Evelyn Wilson		4008 W	est Fra	nklin St	reet E	Baltimo	ce, M	D 21229
	20er METHOD OF DISPOSITION 1 🗠 Burlal 2 🗆 Cremation 3 🗆 Removal from 4 🗆 Donetion 5 🗆 Other (Specify)	om State other	place)	n Cemet	etery, crematory or		20c. LOCATION Salish		own, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY NU			1 Homes, Inc
	· Gernon R.S	Barley			Gwynns F more, Ma				
	23. PART i. Enter the disease, or complishock, or heart failure. Liet of IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CON							Approximete Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON-	-2020 74						
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions con	tributing to death but no	ot resulting In	the underlying	ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž									
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	1.4	26. PL	ACE OF DEATH (Ch	eck only one)			
YSI	1 — YES 2 — NO 1 —	Inpetient 2 - ER/Outpetient	3 DOA 4	l 🗌 Nursing Hom	e 5 🗆 Residence				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? (ES 2 NO	28d. DESCRIB	E HOW INJURY (CCURED	
G	2 Medioant	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, str	reet, factory, offic		28f. LOCATION City or Tow	(Street and Num vn, State)	ber or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	To the best of my knowledge,							a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	294.0	ATE SIGNE	D (Month, Day, Year)
BE	Broil,	M . A			Jour Mounds NO		>		7/6-
5	30. NAME AND ADDRESS OF PERSON WHO COM	IPLETED CAUSE OF DEATH (ITEM 27) (Type, F			^		2-	- M:
	31. DATE PILED (MORTH), Day, 1990	32. HAGISTRAN S. SICALOUN	Later 1	3/4/	IELEN	VA /	NF.	SAL	21222

II.	
13146	
4	
(4)	
×	
<u> </u>	
BOX	
••	
0	
-•	
о. О	
S	
Ö	
≂	
-	
0	
RECORDS,	
ш	
~	
_	
d	
VITAL	
-	
>	
_	
9	
Z	
0	
=	
NOISINI	
_	
_	
-	

2

JAMES Pilachowski 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 213-16-5700 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR I Fallston DIRECTOR GENERAL RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Harford Co. Maryland FUNERAL 10e. STREET AND NUMBER completely filled in by the funeral director, page 5 should be detached for use as the burial-transit (rial, cremation, or removal. Fountain Green Rd. 1336 N. within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO 11. MARITAL STATUS FORCES? 1 YES 2 1 Never Married 2XXMarried В 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Chief of Anima 17. FATHER'S NAME (First, Middle, Last) notified at Pilachowski John BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and 2 1336 N.Founta Jacqueline Pilachowski 9 20e. METHOD OF DISPOSITION

1 Burial 2 Cremation 3

4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of comets must St. Ígnatius Chu: examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassahn 8. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode shock, or heart feilure. List only one cause on each line IMMEDIATE CAUSE (Final the disesse or condition DUE TO (OR AS A CONSEQUENCE OF): event, reaulting in deeth) executed prior to burial, traumatic CERTIFICATION attending physician and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Diseese or injury shows any injury, or other certificate has been signed by the attending phy the State Dept, of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying of MEDICAL PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL Item 2 **EXAMINER?** OTHER: 1 - YES 2 NO t | Inpetient 2 | ER/Outpetient 3 DOA 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28 is marked, FUNERAL DIRECTOR: After this c within 72 hours after death with 1 Natural 2 Accident BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date an IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deat 296, SIGNATURE AND TITLE OF CERTIFIER BE 포를

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE aundson-P

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last,

1

STATE OF MAR		O / DEPAR					MENTA	REG. NO.	E		
v Pilac	hou	vsKi					2. OATE	OF OEATH		EAR (2)	8:06Pm
SEX 6.	AGE (In yrs	. last birthday) YRS.	IF UN	IDER 1 YEAR	IF UNDE	R 24 HRS. MIN.	(Mont	OF BIRTH th, Day, Year)	0.	BIRTHPL	ACE (State or Foreign
e and number) RAL Hos	pte	el	9b. C	Folls	OR LOCAT	ION OF DE	ATH		BC. COUNTY Had	-	TH d
Harford C	0.	10c. CITY	r, TOW	/N OR LOCA		lair	_				0d. INSIDE CITY LIMITS?
. Fountai	n Gre	een Rd		10	r. ZIP COC	210	14		11.0	of wh	AT COUNTRY?
2. WAS DECEDENT EV FORCES? 1 V IF YES, GIVE WAR	YES 2	NO		If yes, sp		en, Mexica	n, Puerto	N? (Specify Yea Rican, etc.)	or No 14	Specify:	- American Indian, White, etc.
TION mpleted) College (1-4 or 5+)	16a	Give kind of ville. Do NOT us	vork de	one during m	ON ost of work	ing	168	b. KIND OF BUS		TRY	
		Chief	of	` Anim					ford C	Co. I	Md.
nn Pilac	hows				, office.	Ann	а	Middle, Meiden Stadte	r		
lachowski								d.BelA		111	21014
	20b. PL/	ACE OF DISPOS	_				CITIN		CATION — CIN		
of from State	S	t. Ign:	ati	us Ch	nurch	Cem	eter	y Hic	kory,	1d.	
ISEE				22. NAME A	ND ADDRI	SS OF FA	CILITY	Flas	sahn F	une	ral Home
rahm				1175	50 Be	lair	-	Kingsv			21087
DUE TO (OR	on each			oter the me	C code of dy		h ea cer	·	ratory arree	t,	Approximete interval Between Onset and Death
OUE TO (OR	AS A CO	NSEOUENCE OF	F):								
DUE TO (OR	AS A CO	NSEQUENCE OF	F):								
contributing to de	ath but n	not resulting	in the	underlyir	ng ceuse	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO
					PLACE OF	DEATH (Ch	eck only o	one)			
OSPITAL:	VOutpetier	M 3 000A		HER: Nursing Ho	me 5 🗆 F	Residence	8 🗆 Oth	er (Specify)			
28a. OATE OF INJ (Month, Day, 1		28b. TIM	E OF JURY	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
28s. PLACE OF IN building, etc.		At home, firm,	street,	factory, offi	ce			CATION (Street of Your Town, State)		Rural Ro	ute Number,
AN: To the best of my On the basis of exam											and manner as stated,
W, L	lad	S.	_	MD	1	2 C	1.	3	× z	-	Month, Day, Year) 4— 2 O
COMPLETED CAUSE O) a l	(ITEM 27) (Type	, Print)	200	5	Ro	ik !	Sprim	R.L.	FOI	1021050

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	Anna	S. 1	Raynor		2. DATE OF DEATH MONTH 5	1 990	YEAR 3.	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-05-0120	1 🗆 M 2 💢 F	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH (Month, Day, Year)	914	MA	ACE (State or Foreign RYLAND
10H	98. FACILITY NAME (If not institution, give to 7838 Denton Average of December 1				R LOCATION OF DE	EATH	9c. COUNT Ba		more
DIRECTOR	10a. STATE 10b. COUNT	BALTIMORE	10c. CITY	, TOWN OR LOCAT	ION DGEMERE				DI. INSIDE CITY LIMITS? YES 2 XXNO
ERAL	100. STREET AND NUMBER 7838 DENTON AVENU	IE		101	. ZIP COOE 212	19	10g. CITIZE	U.S.	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 (10	13. WAS OEC If yes, sp 1 YES	ENDENT OF HISPAN Holly Cuban, Maxica 2 1 10 Specify	HC ORIGIN? (Specify) n, Puerto Rican, atc.) /:	fee or No- 1	I4. RACE — Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10TH GRADE	JCATION e completed) College (1-4 or 5 +) N/A	i .	USUAL OCCUPATION york done during mode retired.) HOME MAK	st of working	16b. KIND OF E	USINESS/INDU		
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES SCHUBERT	N/A		TOME MAK	16. MOTHER'S NA	ME (First, Middle, Maidle) ATHARINE	on Surname)	L	
10 8	19a. INFORMANT'S NAME (Type/Print) SUSAN A. HAUPT		492 IX	KWORTH C	OURT SE	VERNA PAR	K, MD	21	146
	20a, METHOD OF DISPOSITION Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF THERAL SERVICE		AK LAWN (CEMETERY	5-8-19		ALTIMO:	RE. I	MARYLAND
-	23. PART I. Enter the diseases, or	complications that cause. List only one courses		7922	WISE AVE	NUE DUNDA	LK. MD		21222 Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Co	A CONSEQUENCE OF	an	21				Interval Between Onset and Death
CERTIFICATION	Sequentially liat conditiona, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF	F):					
Α̈́	PART II. Other aignificant condition	d	but not resulting i	in the underlyin	g cauae given in	PERF	AN AUTOPSY ORMED? 2 NO	C	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF CREATH? YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF OEATH (Ch	neck only one)			
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 □ Inpetiant 2 □ ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	4 Nursing Hon E OF 28c. IN.	URY AT PRES 2 NO	8 Other (Specify) 28d. OESCRIBE HOV	V INJURY OCCU	UREO	
品	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (So	ry — At home, farm, s ecify)	street, factory, offic	ē	281. LOCATION (Stre City or Town, Sta		or Runal Rou	ite Number,
COMPLET	one)	SICIAN: To the best of my kno IER: On the besis of exeminati							and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTURE	ul Hoge	-1		P 26 J	MBER 7	29d. DATE	SIGNED (A	Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	/		, Print)					
	31. DATE FILED (MAINTIN-POV, YOU) 990	132, REGISTRAPIS SIG	Colfeelman						

13146, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the construct death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HUS, P.O. BOX	that the death certificate be	ed by the attending physicia th and Mental Hygiene prior	any injury, or other trau
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The law requires	this certificate has been sign with the State Dept. of Heal	rked, or Item 23 shows
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is ma

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN
CERTIFICATI	OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLE		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	3 0	12000
*	1. DECEDENT'S NAME (First, Middle, Last)	0		2. DATE OF DEATH	VEAD	3. TIME OF DEATH
ľ	JOHN MICHAEL	SEMI	9 L Y	5	190	M
		78 YRS. MON	NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (# not institution, give street and number)		CITY, TOWN OR LOCATION OF	4/19/191	2 Ma	ryland
œ l	7339 Conley Street	VII.	CITY, TOWN ON EDCATION OF	DEATH	Balti	
5	RESIDENCE OF DECEDENT	4				
DIRECTOR	Maryland Baltimore	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
10	10e. STREET AND NUMBER		101, ZIP CODE		10g. CITIZEN OF W	1 YES 2 NO
BY FUNERAL	7339 Conley Street		2122			ed States
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi	ANIC ORIGIN? (Specify Yea o	r No- 14. RACE Black	— American Indian, White, atc.
×	1 Never Merried 2 Married IF YES, GIVE WAR OR D		1 TES 2 THO Spec		Specif	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSII	NESS/INDUSTRY	111111111111111111111111111111111111111
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+)	(Give kind of work of life. Do NOT use reti	done during most of working red.)	Vorr M	cGee Co	
MPL	8	Electric	··			•
8	17. FATHER'B NAME (First, Middle, Lest) Joseph Semaly		16. MOTHER'S I	IAME (First, Middle, Maiden S	umame)	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Run	I Route Number, City or Town,	State, Zip Code)	
2	Edward Carey	3031 E	Monument S	St. Balto	.,MD 21	205
	1 - Burial 2 Cremation 3 Removel from State	other place)	N (Name of cemetery, crematory o		ATION — City or To	wn, Stata
	4 Donation 5 □ Other (Specify) M 21, SIGNATURE OF FUNERAL SERVICE LICENSEE	ost Holy	Redeemer Co		timore	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Lilly & Ze:		Funera	1 HOmes
	Megabeth down	ec.	1901 Easte.			
	23. PART I. Enter the diseases, or complications that caused ahook or heart failure. List only one cause on e		A 0		story arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	at acarel	val hemor	share.		Onset and Daath
	resulting in death) a. / CAUC DUE TO (OR AS A	CONSEQUENCE OF):	1000			
N	Sequentially list conditions, b. DUS TO (OR AS A					
ATIC	If any, leading to immediata cause. Enter UNDERLYING	CONSEQUENCE OF):				
FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST					
AL C	PART II. Other algolificant conditions contributing to death b	ut not reaulting in th	e underlying cause given	in Part I. 24s. WAS AN A		WERE AUTOPSY FINDINGS
				PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WEC					^	1 TES 2 NO
ž						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (
HYS	1	28b. TIME OF		8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED	
BY PI	1 Netural 8 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	M 1 YES 2 NO			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stree	t, factory, office	28f. LOCATION (Street ar City or Town, State)	nd Number or Rural F	loute Number,
ETE	4 Homicide determined					
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know one)					
CO	MEDICAL EXAMINER: On the basis of axamination	n and/or investigation, in				
TO BE	206. SIDNATURE AND TITLE OF CERTIFIER T.C. 1944A. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	M.D.	29c. LICENSE N	7632	▶ 5-	7 - 90
	J. CROSSAN O'DONOVA	N. M.D.	2112 Dun	DALK AV	E., BA	
	31. DATE FILED (MOSIF), Day, Year) MAY 9 1990	Wande 82				21222

BALTIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 in	TO THE FUNERAL DIRECTOR: After this conflictate has been signed by the attending physician and completely filled in by the funeral director	be filed within /2 hours after death with the State Dept, of heath and melital hyperic prior to bound, to remove, or removed, authorstants to their statements to the statement of the medical examiner must
ALTI	death. F	funeral	examin
Ø	rs after	n by the	dical
	24 hou	filled in	the me
, 6	y within	mpletely	went.
1314	execute	and co	matic
XOM	cate be	hysician	ir trau
0	h certifi	anding p	or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the deat	the after	Inlury.
	es that	gned by	S SOV
REC	w requir	been si	S show
TAL	The la	ate has	tem 2
<u>Б</u>	SICIAN	certific	d or i
O Z	NG PHY	fter this	marke
0181	TENDI	CTOR: A	28 le
2	AL OR A	L DIRE	2 hours
	HOSPITA	FUNERA	MITHIN A
	O THE	O THE	be filed within 72 hours after death with the state bept, or health and wellial hygeling high to bould, the medical by supported Heart 28 to marked on Herr 23 shows any injury, or other traumatic event, the medical by

•	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF I		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ALMA MARGARE		DHELM		2. DATE OF DEATH MONTH D	Y / C YEA	3. TIME DF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In:	vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	140	IRTHPLACE (State or Foreign
	216-18-3503	1 - MXX F	, ,, ,,	MONTHS DAYS	HOURS MIN.	(Month, Pey, Year)	29 0	Maryland
e	9a. FACILITY NAME (If not institution, give street	et and number)			OR LOCATION OF DI	EATH / / DWSON	9c. COUNTY C	of Death UtO. Baltimore
DIRECTOR	RESIDENCE OF DECEDENT	10971109				DWSUII		
J. B.	Maryland . N/A		10c. CITY	CAHO.	Baltimo	aro		10d, INSIDE CITY LIMITS? 1XXYES 2 NO
		ennewick Roa	id	700.10		1218	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1504 Kennew	ich hoad			210	218		USA
BY FU	11. MARITAL STATUS Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 TNO	If yes, sp		NIC ORIGIN? (Specify Yei an, Puerto Rican, aic.) 'y:	11	RACE — American Indian, Black, White etc TE Specify:
8	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION 1	16a. DECEDENT'S	USUAL OCCUPATE ork done during m	ON out of working	16b. KIND OF BU	SINESS/INDUST!	RY
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		II. ami i	1	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Lab Te	chnicia		Hospit		
E S	Frederick Nichola	s Schindhelm	1		the state of the s	The state of the s		eth Hammen
TO B	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING			Route Number, City or Tow		
	M. Madeline Warre					e Towson, h		
e a	20a. METHOD OF DISPOSITION Water 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rel from State	other place) acred He		metery, cremetory or Jesus		cation - chy ltimore	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIKE		B	-	ND ADDRESS OF FA			
CYB	Dennis Stephe	en Xenakis		Mitch	ell-Wied	efeld Home	6500 Y	ork Rd. 21212
and manual	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition		ch line.	ot enter the m	ode of dying, suc	ch aa cardiac or reap	iratory arrest,	Approximate interval Between Onset and Death
Agill'	resulting in death) a.	DUE TO (OR AS A C		7. / // CE	an I			105
NO	Sequentially list conditions, b.	DUE TO OR AS A C	or anni	OLOVASCL	ulas D	SEASE		13 years
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A C	CONSEGUENCE OF	·);				
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	7):				
CERTIFICATION	resulting in death) LAST	,		<u> </u>				
AL C	PART II. Other significant conditions	contributing to death bu	t not resulting i	n the underlyi	ng cause given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC.	· · · · · · · · · · · · · · · · · · ·					1 _ YES	2 THO	COMPLETION OF CAUSE OF DEATH?
. ME	W					—		1 TYES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. [PLACE OF DEATH (C	heck only one)		
YSIC	1 TYES 2 NAO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpa			me 5 🗌 Residence	a Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		street, factory, off	ice	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one)	NAM: To the best of my knowle						suse(s) and manner se stated.
E H	CHIPPING CONTROL	v sudowski'	m.n		29c. LICENSE NU	IMBER 6261		GNED (Morith, Day, Year) 5-07-90
2	30. NAME AND ADDRESS OF PERSON WHO ANTHONY A. LEW	ANDOWSKI, M	1.0 120	Sn. Pien	ne Dr.	Towson		
	MAY 9 1990	32. REGISTRAR'S SIGNA	TURE Andell					

...

. . .

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	9
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ysician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran he find within 72 hours after neath with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	ırial-tran
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	.0

DIVISION OF VITAL RECORDS, P.O. BOX

	1 - FOR STATE OF MARYLAND REGISTRAR) / DEPARTN CERTIFIC			MENTAL HYGIE REG. N						
	1. DECEDENT'S NAME (First, Middle, Last)	SOHN			2. DATE OF DEATH	PAY / 9		ME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs 75)		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	5	6. BIRTHPLAC	E (State or Foreign YORK			
OR	9a. FACILITY NAME (If not institution, give street and number) SINAL HOSPITAL	96	BA	LTIM		9c. COUN	TY OF DEATH				
DIRECTOR	10e, STATE 10b, COUNTY MARYLAND BALTIMORE	10c. CITY, TO	OWN OR LOCAT	ON ERVILLE		10d. Y-					
	100. STREET AND NUMBER 3 BURWOOD CT.		10f.	ZIP CODE 21	093	10g. CITIZ	ZEN OF WHAT	YES 2 NO			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₽ NO	If yes, spe		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No —	14. RACE — A Black, Wh Specify W	merican Indian, ita, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USE (Give kind of work life. Do NOT use re ENGIN	done during mo stired.)	N It of working		BUSINESS/INDI		30.			
BE COM	17, FATHER'S NAME (First, Middle, Last) MENASCHE SOHN	Jakosto	VETER		ME (First, Middle, Maid STHER UI	len Surname) NKNOWN					
TO B	194 INFORMANT'S NAME (Type/Print) MRS. FRIEDA SOHN				RVILLE, N		^{Code)} LO93				
-	tiviSurial 2 Cremation 3 Removal from State of Donation 5 Other (Specify)	ACE OF DISPOSITION PROPERTY PR	ON (Name of cen	netery, crematory or	20c.	OWING		LS, MD			
	21. SIGNATURE & FUNERAL SERVICE LICENSON	r .	6010	REISTER	SON & BRO	BALTO	MD.	21215			
	23. PART I Enter the diseases or complicatione that ceused the ahock, or neert failure. List only one cause on each	e death. Do not line.				spiratory erro	eat,	Approximate interval Between Onset and Death			
	MMEDIATE CAUSE (Final lieeese or condition esulting in death) • RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF): THALAMIC INFARCT										
NOI	Sequentially list conditions.										
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
CAL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuee given in Part I. 24s. WAS AN AUTOPSY FINDINGS PERFORMED? PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuee given in Part I. 24s. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO										
PHYSICIAN: MEDIC	GASTRIC ULCER				1 YES	2 000	OF	MPLETION OF CAUSE DEATH? YES 200 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Properties 1 Properties 1 Properties	mt 3 🗆 004 4	THER:	ACE OF DEATH (Ch	eck only one) 6 □ Other (Specify)						
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	OF 28c. INJ		26d. DESCRIBE HO	W INJURY OCC	URED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	farm, street, factory, office 28f. LC			LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of axamination and							f menner se stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER M. Shulla, Physici	ion		29c. LICENSE NUM	9307	29d, DATE	E SIGNED (Moi	gth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH MANGESH SHUKLA, M.	(ITEM 27) (Type, Pri	VAL	OSPITA	4L BA	LTIMO	ORE	21215			
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATU MAY Q 1990	RE									

		FOR
1		STATE
	_	REGISTRAR

FUNERAL DIRECTOR

TO BE COMPLETED BY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CER	TIFICA	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEATN
Milda	201	Trev	illia	.)			MONTH	6	· ·	YEAR	м
4. SOCIAL SECURITY NUMBE	ER		AGE (In yrs. lest bir	thday) IF I	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	OF BIRTN	f	8. BIRTH	IPLACE (State or Foreign
215 05 470	18 A	1 M 2 XE	001	res. Mon		HOURS MIN.		, Day, Year)	20	Countr	γ)
9e. FACILITY NAME (If not ins		-	00	96	CITY TOWN	OR LOCATION OF DE		10-0		TEN OF D	nsylvania
41 00	4	1 1			211		1	. /	54.000		EATH
RESIDENCE OF DEC	EDENT	spital		X		more.	61	14			
10e. STATE	10b. COUNTY		10	oc. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
Maryland	Anne	Arundel		Ral.	timore						LIMITS?
10a. STREET AND NUMBER	4411114	MIUMIGEL		DOLL		I. ZIP CODE			10a, CITI	ZEN OF Y	WHAT COUNTRY?
241 Ham	monds	Lane				21225				J.S.	
11. MARITAL STATUS		12. WAS DECEDENT !	YES 2 NO)		CENDENT OF NISPAI			or No-	14. RACE	E — American Indien, k, White, atc.
1 Never Merried 2 1 1 3 2 Widowed 4 Divor		IF YES, GIVE WAF				secify Cuben, Mexica S 2 NO Specif		ncen, etc.,	- 1	Speci	
15. DECE	EDENT'S EDUC	ATION	16a, DECED	ENT'S USU	AL OCCUPATI	ON	16b.	KIND OF BUS	BINESS/IND	USTRY	1111100
(Specify only Elementary/Secondery (0-	highest grade		(Give k	ind of work in NOT use reti	done during m ired.)	ost of working					
8th Grade		College (1-4 or 5+)	н	usew	160			Home	Make	020	
17, FATNER'S NAME (First, Mir			1 110	usew.	11.6	18. MOTNER'S NA	ME /Eint A			3T	
		Witham				Early March	-111	Witha	A-01		
19e. INFORMANT'S NAME (7)		WICHAIL	19b. M	AILING ADO	DRESS (Street	end Number or Rural				Code)	
Lois M. T	alley		250	9 Si	dney A	venue	Balt	imore.	Mary	ylan	d 21230
20e. METNOD OF DISPOSITI	ON		20b. PLACE OF	OISPOSITIO		metery, cremetory or			CATION —		
1 K Buriel 2 Cremetion 4 Donation 5 Other		oval from State	Gler	Hav	en Mer	norial Pa	rk	Gle	n Bw	rnie	, Maryland
21. SIGNATURE OF FUNERAL	MERNICE LIC	DAGEE	4			ND ADDRESS OF FA					
► C. K	uch	ands	Don	10		ge J. Go					
23. PART I. Enter the di				. Do not e							Approximate
		let only one cause	on each line.								Interval Between Onset and Death
IMMEDIATE CAUSE (Fin disease or condition	iai	[MANI				Dassi	-				Onset and Death
resulting in deeth)	7	OUE TO (O	PAS A CONSEQUE	NCE OF	7	HUICI.					
		Antenu	SULTE	no Te	10	ADIAC W	Acin	4 m A	6.32		į
Sequentially list conditi							· · · · · ·	4/2 00	36773		
If any, leading to immed ceuse. Enter UNDERLY!	diete NG	MY ELO O		7	Cua	10 1 mas					
CAUSE (Disease or inju	ry	OUE TO (R AS A CONSEQUE	NCE OF:	37~	73 700 1110					
that initiated events resulting in deeth) LAS	T										
		1									-
PART II. Other aignitice	nt condition	contributing to d	eeth but not resu	ilting in th	ne underlyii	ng ceuse given in	Part i.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS
								PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 123 2	W NO		OF GEATN?
				-			—				1 YES 2 NO
25. WAS CASE REFERRED TO	D MEDICAL				20.1	N ACE OF BEATU (O		-1	-		
EXAMINER?	O MEDICAL	HOSPITAL:			THER:	PLACE OF DEATH (C/	neck only on	16)			
1 YES 2 Z-NO		1 Inpetient 2 I				me 5 Residence					
27. MANNER OF DEATH	Pending	28e. OATE OF IN (Month, Day,		8b. TIME OF INJURY	W	JURY AT ORK?	28d. DES	CRIBE HOW	INJURY OC	CURED	
	Investigation				M 1 🗆	YES 2 NO					
	Could not be	28e. PLACE OF building, at	INJURY — At home, ic. (Specify)	farm, stree	t, factory, off	Ce	28f. LOC	ATION (Street or Town, State)	and Number	or Rural	Route Number,
4 Homicide	determined										
29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of m	y knowledge, death	occurred at	t the time, da	le end place, and du	e to the cau	ise(e) end ma	nner ee sta	ted.	
one)											e) end menner as atated.
29b. SIGNATURE AND TITLE	OF CERTIFIER					29c. LIÇENSE NU					D (Month, Day, Year)
Will	un	Mu	sell	7		80	301	82	▶ 3		5-90
30. NAME AND ADDRESS OF				n (Type, Prir	nt)						CTO AD 21229
			S S E (/	MI	10	000 S C	ATO ~	M	10	134	CLD W. (1558
31. DATE PLATE (Month)	90	Shie Devido	on-Hande	4							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FLINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

か の

. . . .

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	DIRECTOR
	BY FUNERAL
Olice.	COMPLETED
ם וומווומת מו	TO BE (
INUST D	
CYGILLIA	
monical	
EVERIL, INC.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT			ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	Norman	d.	1	avlor		05 07	Y YEAR	8.55 a "			
ĺ	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. lest	birthday) IF UNDER	1 YEAR IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign ntry)			
	215-14-5013 9. FACILITY NAME (If not institution, give street	X M 2 □ F 66		DAYS HOURS		05/16/23	ltimore				
DIRECTOR	Greater Baltimore				vson		9c. COUNTY OF DEATH				
3	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY LIMITS?			
	MD 10a, STREET AND NUMBER	Baltimore	F	laltimore			do- OUTITED OF	1 VES 2 NO			
FUNERAL							i l	WHAI COUNTRY?			
W.	8306 Hillendale Re	080 2. Was decedent ever in U.S. Ari	MED 13		21234	ORIGIN? (Specify Yea	or No. 14 BA	CE — American Indian.			
BY FU	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N	0	If yes, specify Cubit 1 YES 240 NO	in, Mexican,		Ble	eck, White, atc.			
	15. DECEDENT'S EDUCATI	ION 16a, DE	CEDENT'S USUAL O	CCUPATION		16b, KIND OF BUS	SINESS/INDUSTRY	VIII			
E	(Specify only highest grade con	npleted) (Gh	ve kind of work done Do NOT use retired.)		ng						
COMPLETED	10 YRS-	ionage (F-V or 0 T)	Pohic	2		BALT	imak	E CITY			
0	17. FATHER'S NAME (First, Middle, Last)			18. MOT	HER'S NAM	E (First, Middle, Malden	Sumeme)				
BE C	LAWRENCE	E. TAYI	OR	1)ARC	JUERIT	EC.	FRATER			
TO B	19a. INFORMANT'S NAME (Type/Print)	196	. MAILING ADDRES	S (Street and Number	r or Rural Ro	ute Number, City or Tow	n, State, Zip Code)				
ř	FAMILY REC	OROS	SAM	293	AB	OVE					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	I from State other pla	OF DISPOSITION (N.	FORS	matory or		CATION - City or ARRISI	0.			
	21. SIGNATURE OF FUNERAL SERVICE LONGER 22. NAME AND ADDRESS OF FACILITY EVANS CHAPLE F CHIMES 23.25 VORX ROAD - 1 indicate										
	23. PART I. Enter the diseases, or con	nplications that caused the de it only one cause on each line.		the mode of dy	ing, euch	es cerdiec or reep	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final	t only one odding on oddin me.	•					Onset and Death			
	disease or condition resulting in death) a. Cardiac Arrest										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, Ventricular Fibrillation										
Ĕ	Sequentially list conditions, Due to (or as a consequence of):										
5	cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
ĒΙ	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CERTIFICATION	d										
AL.	PART II. Other significant conditions of	contributing to death but not n	esulting in the u	nderlying cause	given in F	Part I. 24e. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음						1 YES :	NO NO	OF DEATH?			
W						_		1 - YES 2 - NO			
PHYSICIAN: MEDIC											
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26, PLACE OF I	DEATH (Chec	ck only one)					
YS		☐ Inpatient 2 ☐ ER/Outpatient 3		raing Home 5 🗆 R							
표	27. MANNER OF DEATH 1 Natural 5 □ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	F35	28d. DEŞCRIBE HOW	NJURY OCCURED				
B	2 Accident Investigation	28e. PLACE OF INJURY — At ho		1 YES 2	NO	28f. LOCATION (Street	and Number or Du	of Courts Number			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		tory, office		City or Town, State		ar rioute turnoe,			
IPLE	CONSTRUCTION OF THE PROPERTY O	AN: To the best of my knowledge, de									
Š	one) 2 MEDICAL EXAMINER:	On the basis of examination end/or i	investigation, in my	opinion, death occu	ared at the t	ime, date end place, e	nd due to the cour	e(e) end manner ee stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER RO	hat Hash	mi	29c. LIC	CENSE NUM	BER	29d. DATE SIGN	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO						0-/	70			
	Noreen Hashmi,M		G.B.M	C							
		32. REGISTRAR'S SIGNATURE									
	MAY 1990	Julia Davidson-17	76					1			

JT 01 10

	Sages		
	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
UNITE MOSTIAL OR STEMBING PRISIDENT. THE ISM REQUIRED MALL LIE ISM STATES AND THE PRISIDENT TO SEE A TIME OF THE ISM STATES OF THE ISM STA	the burial-tr		
o decora	r use as		
inospirai	stached for		nce.
20 010	ld be de		d at or
outenan c	5 shou		notifie
thing of	tor, page		ust be
and a	ral direct		iner m
ocani	the fune	val.	il exam
200	d in by	or remo	medica
	etely fille	mation,	nt, the
noine.	d comple	urial, cre	ilc ever
200	sician an	rior to b	trauma
מבו מווכמו	fing phy	ygiene p	other
angan a	he attend	Mental H	Jury, or
In the n	ned by t	Ith and	any in
ichnii ee	peen sign	of Hea	shows
api pil	ate has	ate Dept	em 23
SICIAIT.	certifica	h the St	d, or it
MAG PU	After this	Jeath wit	marke
A) IEM	ECTOR: ,	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IM Un	RAL DIR	72 hour	If Iten
E HUSP	E FUNEI	d within	RTANT
	TH O	e file	MPO

90 12671 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH Mary Agnes Talarovich 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1:15 P M Mary alarovi 7. DATE OF BIRTH (Month, Day, Year) 5-4-19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 1 - M 2 - F Pennsylvania 166-12-2053 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Church HospitalCorporation DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Baltimore City Maryland 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 1103 Elbank Avenue U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 2 X NO 1 Never Married 2 Married Specify: White ΒY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 6+) Textile Industry 12 years Clerk 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Gornal Stephen Rindock BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1103 Elbank Ave. Baltimore, Maryland 21239 Jane M. Talarovich 20s. METHOD OF DISPOSITION
1) Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Moreland Memorial Park Parkville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John & Kei 6500 York Rd. Baltimore, Maryland 21212 John G. Reitz 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert feilure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition Carcinomatosis recuiting in death) OUE TO (OR AS A CONSEQUENCE OF): 20 Colon Critinomo CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 -NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ng Home 6 - Realdance 6 - Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OFSCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Homicide CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 34362 BE 213 0 2

tosp, To

PERMON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

reha Davidson

72. REGISTRAB'S SIGNATURE

wich

0

5

1990

100 N. Brdadway

Baltimore MD.

1.0

. .

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			NENTAL HYGIEN REG. NO	E					
\neg	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH			
	Carroll E. T	hompson				MONTH D	90	EAR C	.30 P. M			
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLAC	E (State or Foreign			
	216-10-3185		85 YRS.	NTHE DAYS	HOURS MIN.	12-22-19	0.4 MARYLAND					
_	9a. FACILITY NAME (If not institution, give str	LITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEAT										
DIRECTOR	7719 Fairgreen R		Balti	more D	UNDALK	Balti						
E E	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT				10d.	INSIDE CITY LIMITS? YES 2 NO			
	MARY LAND B1 100. STREET AND NUMBER				DUNDALK ZIP CODE		10g. CITIZEN					
FUNERAL	7719 FAIRGREEN R	OAD		101.	212	22	10g. CITIZEN		S.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	C ORIGIN? (Specify Yes	or No 14.	RACE - A	merican Indian, la, etc.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		1 TYES	NO Specify	, Puarto Rican, etc.)		Specify:	WHITE			
1	15. DECEDENT'S EDUC		15a. OECEDENT'S USL	UAL OCCUPATION	N	16b. KIND OF BU	I SINESS/INDUS	TRY				
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re									
MP	NONE		CRANE	OPERA	TOR	BETT	ILEHEM	SIEE	L CORP.			
E COMPLETED	17. FATHER'S NAME (First, Middle, Lest) CLINTON PHILLIP	THOMPSON				AE (First, Middle, Maiden EY AUDREY						
TO BE	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Tow			01000			
	CAROLYN M. MITCH		7809 KE			BALTIMORE,			21222			
	20a METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		OUDON PARK				BALT		MARYLANI			
	21. SIGNATURE OF TUNERAL BEHINGE LICENSER 21. SIGNATURE OF TUNERAL BEHINGE LICENSER 22. SIGNATURE OF TUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222											
	23. PART I. Enter the diseases, or c			antar the mo	de of dylng, suci	ss cardiac or resp	iratory arrest	, [Approximate Interval Between			
	IMMEDIATE CAUSE (Final											
	resulting in death)	disease or condition resulting in death) e. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
_	5QUAMOUS CELL CARCINOMA RIGHT LUNG WITH 2 VYS.											
CERTIFICATION	Sequentielly list conditions, if any, laeding to immediate b. SQUINTOS CELL CITACINOMA RIGHT LOVG WITH DUE TO (OR AS A CONSEQUENCE OF): METASTASES											
<u>8</u>	CAUSE (Disease or Injury C.											
E I	that initiated events resulting in death) LAST											
빙		d										
CAL	PART II. Other significant condition	_			g cause given in	Part I. 24e. WAS AP			E AUTOPSY FINDINGS LABLE PRIOR TO			
음	NIDDM, C	VA) HYPE	RTENS	10N		1 YES :	NO 🗆		PLETION OF CAUSE DEATH?			
PHYSICIAN: MEDI						_		1 🗆	YES 2 NO			
ä												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch							
IYS	1 VES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Out 28a. DATE OF INJURY	patient 3 DOA 4	_	Realdence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCIN	nen .				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PRK7 YES 2 _ NO	280. DESCRIBE NOW		neb				
ВУ	2 Accident investigation	28e. PLACE OF INJURY	/ _ At home, ferm, etre	et, factory, offic	•	28f. LOCATION (Street		Rural Route	Number,			
핃	3 Suicide 8 Could not be	3 Suicide 8 Could not be detarmined building, atc. (Specify) City or Town, State)										
	- Codio not be	bullating, atc. (Spe	29e. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
MPLE	4 Homicide detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL CERTIFYING PHY	CIAN: To the best of my know										
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know			eath occured at the	time, data and place, a	nd due to the c	ause(s) and				
BE	4 Homicide detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL CERTIFYING PHY	CIAN: To the best of my know			eath occured at the 29c. LICENSE NUI	time, data and place, a	29d. DATE S	avee(s) and	th, Day, Year)			
	4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my know	on and/or investigation, i	in my opinion, d	29c. LICENSE NUM D / 7	time, deta and place, a	29d. DATE S	ause(s) and	th, Day, Year)			

P 90 P

. .

9.6

2		
ŝ		
5		
5		
3		-2
בוקר		20
2		o ti
2		9
5		ille
2		10
añe		pe
6		E
20		Ē
5		niner must be notified at once.
DILLE		camil
alle	5	6
5	етно	dica
	0.0	mec
	99	e
(in)	Tati	t, t
200	Cre	Ven
3	Za.	9 3
5	3	Te .
0	27 TC	aun
Š	PA	r tr
5.	iene	the
2	Aental Hygie	0 10
dile	Ttal	λ, 0
911	Mer	늘
3	and	y Ir
3	=	9
SIC	Hea	3MC
100	0	S
ds L	h with the State Dept. of Health and Mer	23
He II	ate (E
UNCE	e St	=
Cel	h th	0,0
E	witt	rke
Arrei	death	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
5	fler	60
2	Sa	E 2
Š	72 hours	100
\$	2	=

1 - STATE REGISTRAR		<u>.</u>		CERTIF	ICATI		DLA			REG. NO								
1. DECEDENT'S NAME (Fir		~		_					2. DATE	7-90	AY	YEAR	3. TIME OF DEATH					
4. SOCIAL SECURITY NUM	nelma	5. SEX	A AOE (1-		nornt						Τ.		2:30PM					
		1 M 2 -F	The same of	yrs. last birthday) Z YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Mont	OF BIRTH		Countr	IPLACE (State or Foreign					
219-22-2			73) This.	05 C07	TOWN	R LOCATI	011 05 05		-27-1	_		rginia					
	9a. FACILITY NAME (If not institution, give street and number) Bon Secour Hospital						ltimo				9c. COUNT	I Y OF D	none					
RESIDENCE OF DE	RESIDENCE OF DECEDENT						CALITY	,10	JI CJ		L		none					
Maryland	10b. COUNTY	one		ry, town o			tw					10d. INSIDE CITY LIMITS?						
10s STREET AND NUMBE		ne		100	TOTI	_	ZIP COD				100 CITIZ	EN OF V	1 NYES 2 NO					
1942 La		a Avenu	е			1.01	212	_					States					
11. MARITAL STATUS		12. WAS OECEDEN	IT EVER IN U	.S. ARMED	13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGII	N? (Specify Ye			E — American Indian, k, White, etc.					
1 Never Merried 2	_	FORCES? 1					ecify Cubs			Rican, etc.)		_ Spec						
3 Widowed 4 Di	vorced	12 300					X	,			N		roid					
	CEDENT'S EDU		1	6a. DECEDENT': (Give kind of Ille. Do NOT	work done	CCUPATIO	ON at of world	ng	168	b. KIND OF BU	SINESS/INOU	JSTRY						
Elementary/Secondary	(0-12)	College (1-4 or 5	+)		seke					Hoei	oital							
17. FATHER'S NAME (First.	Middle Leet				DOM	cpc	_	NED-6 NA	ME /Eleat	Middle, Maiden		•						
Edward		nton					_	sie	ME (F#St,	Milotie, Maioeri	Surname)							
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILIN	G ADDRES	S (Street e	nd Numbe	r or Rural i	Route Num	nber, City or Tov	vn, State, Zip (Code)						
Jeanett	e Johr	nson		1942	Lau	iret	ta	Ave	nue,	Balt.	imore	, Mo	d. 21223					
200. METHOD OF DISPOS			20b. P	LACE OF DISPO	SITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State													
1 X Burlel 2 Creme 4 Donation 5 Oth		oval from State	_ Å	It. Ca	lvary Cemetery Baltimore, Maryl						Maryland							
21. SIGNATURE OF FUNE	AL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						_				22 Cal Vin B. Scruggs Funeral Home						
Calvin B. Scruggs Funeral Home 1412 E. Preston Street, Balto, Md. 21										1000	Funer							
IMMEDIATE CAUSE (F	heart feilure. Inei	List only one car	use on eac	h line.	not enter	the mo	de of dy	Pro	esto has cer	on St	reet,	Ba.	Home 1 to, Md. 2 Approximate interval Between Onset and Deat					
ahock, or IMMEDIATE CAUSE (f disease or condition reaulting in death) Sequentially list conc if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events	heart feliure.	e. Carcino DUE TO b. OUE TO	oma of or as a c	h line.	not enter	the mo	de of dy	Pro	esto has cer	on St	reet,	Ba.	Approximate interval Between					
ahock, or immediate Cause (foliagese or condition reauting in death) Sequentially list condition from cause. Enter UNDERL CAUSE (Disease or in CAUSE (Disease or in cause.)	heart feliure.	e. Carcino DUE TO b. OUE TO	oma of or as a c	the 11	not enter	the mo	de of dy	Pro	esto has cer	on St	reet,	Ba.	Approximate interval Between					
ahock, or IMMEDIATE CAUSE (f disease or condition reaulting in death) Sequentially list conc if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events	heart feliure.	e. Carcino DUE TO b. OUE TO c. OUE TO d.	oma of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of one as a coordinate of one as a coordinate of one as a coordinate of one as a co	the 11 consequence consequence	not enter	the mo	Pneu	Profing, suc	esto hascer La ar	on St	yema	Ba.	Approximate interval Between					
ahock, or IMMEDIATE CAUSE (f disease or condition reaulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or it that initiated events resulting in death) LA PART II. Other aignifit	ittlons, lediate ying structure.	e. Carcino DUE TO b. OUE TO c. OUE TO d	oma of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of on as a coordinate of one as a coordinate of one as a coordinate of one as a coordinate of one as a co	the 11 consequence consequence	not enter	the mo	Pneu	Preding, suc	Pert i.	on St; rdiec or reep and emp	yema	Ba.	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat					
ahock, or IMMEDIATE CAUSE (ff disease or condition reaulting in death) Sequentially list conditions, is adding to immoduse. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifit	ittlons, lediate ying structure.	e. Carcino DUE TO b. OUE TO c. OUE TO d.	one on each of the original of the original of the original of the original of the original o	the 11 consequence consequence consequence consequence	not enter	the mo	g ceuse	Preing, suc	Part i.	on St; rdiec or reep and emp	yema	Ba.	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat					
ahock, or IMMEDIATE CAUSE (F disease or condition reaulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algniff 25. WAS CASE REFERRED EXAMINER?	ittlons, lediate ying structure.	List only one can Carcino DUE TO B. OUE TO C. OUE TO d. HOSPITAL: 1 Inpatient	MA OF OF AS A CO OF AS	the 1t consequence	not enter	the mo	g ceuse	Preing, suc	Part i.	on Stander or reepart of empore	yema NAUTOPSY RMED? 2 NO	Zate X	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat					
ahock, or IMMEDIATE CAUSE (ft disease or condition reaulting in death) Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other aigniffs 25. WAS CASE REFERRED EXAMINER? 1XXYES 2 \(\square\$ NO 27. MANNER OF DEATH XXXI Neture) 5	ittlons, lediate ying structure.	List only one can Carcino DUE TO B. OUE TO C. OUE TO d. HOSPITAL: 1 Inpatient	oma of of on as a co of on a co of on a co of on a co of on as a co of on a co o	the 1t consequence	not enter	the mo	g couse	Preing, suc	Part i.	on Standler or reepand empored	yema NAUTOPSY RMED? 2 NO	Zate X	Approximate interval Between Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat					
ahock, or IMMEDIATE CAUSE (ft disease or condition reaulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1XXYES 2 \(\) NO 27. MANNER OF DEATH XXXI Naturel 5 [ittlons, lediate ying sent condition To MEDICAL Pending	b. OUE TO d. HOSPITAL: 1 Inpetient 28e. DATE O (Month, I)	MA Of OR AS A CO OR AS A CO OR AS A CO OGETH but	the 1t consequence	not enter	the mo	g couse LACE OF I	Preing, suc	Part i.	on Standler or reepand empored	Yema NAUTOPSY RMED? 2 NO	24t X	Approximate interval Between Onset and Deat on Deat and Deat on Deat on Deat on Deat on Deat on Deat on Deat on Deat on Death?					
ahock, or IMMEDIATE CAUSE (f disease or condition reaulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERICAUSE (Disease or in the tinitiated events resulting in death) LA PART II. Other algniff 25. WAS CASE REFERRED EXAMINER? 1XX PS 2 NO 27. MANNER OF DEATH XX Naturel 5 2 Accident 3 Sulcide 8 4 Homicide 29e. CERTIFIER (Check only 1 CE	itions, lediate ying fury leading investigation Could not be determined RTIFYING PHYSIOCAL EXAMINITION COURT IN THE PHYSI	List only one call Carcino DUE TO B. OUE TO C. OUE TO d. In a contributing to Proper Contributing to See DATE O (Month, In a contributing to building to b	use on each man of one	the 11 CONSEQUENCE	not enter Ing W OF): OF): OF): OTHE 4 ON ME OF NJURY M , etreet, feel	the mo	g couse LACE OF I THE STATE	Preing, suc	Part i. Part i. 286. LOi to the ca time, dat	24a, WAS AI PERFO XXX YES One) CATION (Street y or Rown, Stell ause(a) and males ause(a) ause(a) and males ause(a)	Yema N AUTOPSY RMED? 2 INJURY OCC and Number of	24t XX 24t XX 25t Augus	Approximate interval Between Onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onset and Deat onse					
ahock, or IMMEDIATE CAUSE (f disease or condition reaulting in death) Sequentially list condition of any, leading to immediate. Enter UNDERL CAUSE (Disease or intert initiated events resulting in deeth) LA PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH XXX Naturel 5 Accident 3 Suicide 8 Monticide 29e. CERTIFIER (Check only one) XXX MI	ittlons, lediate ying jury strong long investigation condition con	List only one call Carcino DUE TO DUE TO DUE TO OUE TO OUE TO d. HOSPITAL: 1 Inpetient 28e. DATE O (Month, i) 28e. PLACE - building DICIAN: To the best of the call of the	USE ON ESCAPE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY	the 1t consequence	not enter not enter	the mo	g couse LACE OF I THE STATE	given in DEATH (Cheekidence NO	Part i. Part i. 286. LOi to the ca time, dat	24a, WAS AI PERFO XXX YES One) CATION (Street y or Rown, Stell ause(a) and males ause(a) ause(a) and males ause(a)	Yema N AUTOPSY RMED? 2 INJURY OCC and Number of	24t XX 24t XX 25t Augus	Approximate interval Between Onset and Deat onset a					

22 1,370

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the laws after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
1 -	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First		INA SHEE	P UNSOF	UNSOELD					2. DATE OF DEATH DAY YEAR 5 5 90				3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. A					IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF			e. BIRTI	IPLACE (State or Foreign	
213-74-053	213-74-0539 1 D M 3		94	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) -23-18	895 Pen		ennsylvania
90. FACILITY NAME (If not In		0.54.5			9b. CITY	9b. CITY, TOWN OF		ON OF D	-	20 1		INTY OF E	
1714 Sul	grave	3	1		Baltimore				N/A			1	
					TY, TOWN	OR LOCA	ATION						10d. INSIDE CITY
Maryland N/A					Balti	imor	9						LIMITS? XXXXES 2 \(\square\) NO
10e. STREET AND NUMBER							of. ZIP COD	Ε			10g. CIT	IZEN OF	WHAT COUNTRY?
171/4 51	1714 Sulgrave Avenue						211	209				USA	
11. MARITAL STATUS	inglave	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DE			NIC ORIGIN?	(Specify Yes	or No-	14. RAC	E — American Indian.
1 Never Merried 2 3	Merried erced	FORCES?	YES 275	₹NO		If yes, s	pecify Cubi	ın, Mexica	en, Puerto Ric	can, etc.)		Spec	k, white, etc. White
15. DEC	EDENT'S EDUC	CATION completed)	18a. I	DECEDENT'S	S USUAL O	CCUPAT	ION	na	16b, I	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+)	(Give kind of ife. Do NOT u	rae retired.)	ouring in	POST OF WORK	''y					
5				Hor	memal	ker				N/A			
17. FATHER'S NAME (First, A	ficidle, Last)						16. MOT	HER'S NA	AME (First, Mi	ddle, Maiden	Sumame)		
George C.	Shepp)							Mary	Carr			
190. INFORMANT'S NAME (19b. MAILING	G ADDRES	S (Street	and Numbe	r or Rural	Route Numbe		n, State, Zi	p Code)	
Cecelia Le	onard			1714	4 Sul	lgra	ve A	venu	e Balt	timor	e. Ma	arvla	and 21212
200 METHOD OF DISPOSIT	TON		20b. PLAC	E OF DISPO						_			own, State
X1X Buriei 2 Cremetic	on 3 🗆 Remo	ovel from State		v Catl	hedra	a.1					Balt:	imor	e, Maryland
Dennis S	049	remy	fena	per			and address			Home	6500	O Yo	rk Rd 21212
immediate cause (Fi disease or condition resulting in death) Sequentially list conditions	dions,		OR AS A CONS	SEQUENCE D		est							Onset and par Minute
The sequentially hat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):										yrs			
PART II. Other aignific	ent condition	a contributing to	death but no	t recuiting	in the u	nderlyi	na ceuse	given In	Part I.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDING
										PERFOI	~/		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED ' EXAMINER? 1 YES 2 ND	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu	A:			heck only one				
27. MANNER OF DEATH 1 Natural 6 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Ybar)	26b. TII	1	28c. II	NJURY AT VORK? YES 2		T**	RIBE HOW	INJURY O	CCURED	
a Deviate —	Could not be determined	28e. PLACE building	OF INJURY — At , etc. (Specify)	IY — At home, farm, street, factory, office 281.				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
cond only		CIAN: To the best of											(e) end manner as stated
29b. SIGNATURE AND TITL	lan	Wi	mle		30		29c. U	O 7	MBER 42	1	29d. DA	TE SIGNE	(Month, Day, Year)
LOUIS Wille	F PERSON WH	OLD C	TO RA	TEM 27) (1)	2/2	٥٥	6,	1					
31. DATE MAY 9	1990	Julia Davi	AR'S SIGNATURE	20 in	= 1h	h.	MI	4	Profil				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2^a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTA	HYGIENE REG. NO.			
		MOND	WADE				2. DATE	OF DEATH	3- 98	5	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-03-8726	5. SEX 8. AGE	(In yrs. last birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) 06/	OF BIRTH 7. Day. Year) 30/191	6	Country)	ACE (State or Foreign
5	9a. FACILITY NAME (If not institution, give st SAINT AGNES HOSE	· ·		- 1		R LOCATION OF DE			9c. COUNTY	OF DEA	TN
ביוסו	10a. STATE 10b. COUNTY	ſ	100	c. CITY, TOWN	OR LOCATI	ON				1	0d. INSIDE CITY LIMITS?
	MARYLAND			BALT	CIMOR	E CITY					X YES 2 NO
7 7	2759 RAYNOR AVEN		101. ZIP CODE 21216						U.S.A.		
DI LON	11. MARITAL STATUS 1 Never Married 2XX Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 X XYE IF YES GIVE WAR OR WW II U.S.	S 2 NO		If yes, spe	ENDENT OF NISPAN city Cuban, Maxican 2 NO Specify	n, Puarto		or No— 14.	RACE - Black, Specify:	- American Indian, White, etc. BLACK
LEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kin	CEDENT'S USUAL OCCUPATION Ver kind of work done during most of working DO NOT use retired. CUSTOMS S. FED. INSPECTOR U.S. GO								
COMPL	17. FATHER'S NAME (First, Middle, Last)			-20	LINDI Z	18. MOTHER'S NA	ME (First,	Middle, Maiden S	Surname)		
D L	JOSEPH W	ADE				MAMIE		HUR	SEY		
2	19a. INFORMANT'S NAME (Type/Print) MRS. VIOLETTE E.	LIADE				nd Number or Rural F					21216
1	20a. METHOD OF DISPOSITION	2	0b. PLACE OF D			VENUE, E	ALLI		MAKI LE		21216 n, State
į	1XXSurial 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)	oval from Stata	ARBUTU	IS MEMO	RIAL	PARK		BAL	TIMORI	E CC	., MD.
	21. SIGNATURE OF FUNERAL SERVICE LIG	E. Totalo	_	NU 2.5	NAME AN JTTER	FUNERAL WYNNS FA	HON LLLS	ÆS, IN PKWY.,	NC. 21216 , BALTIMORE, MD.		
EHILICALION	23. PART I. Enter the diseeeee, or shock, or heert feilure. IMMEDIATE CAUSE (Finei diseese or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Chonic (Due To (or As		ICE OF):	Share						Approximate interval Between Onset and Death
WEDICAL CE		but not result	resulting in the underlying cause given in Part i. 24a. WAS A PERFC					MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? t YES 2 W NO	
3	25. WAS CASE REFERNED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (Ch	eck only o	ne)			
PHYSICIAN	1 □ YES 2 NO 27. MANNER OF DEATH	1 No Inputient 2 ER/O		DOA 4 NO		e 5 🗆 Residence		er (Specify)	LILIBY OCCUR	PED	
	1 Natural 5 Pending	(Month, Day, Year		INJURY	WO	RK7	100.00	JONE NOW II		120	
ED BY	2 Accident 2 Suicide 6 Could not be determined	RY At home, in pecify)	farm, street, fa	ctory, offic	•	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ute Number,		
COMPLE	torious orny	ICIAN: To the best of my kn									end manner as stated.
O BE C	516. SIGNATUREJANO THE OF CENTINE					29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Month, Day, Year)
-	30, NAME AND ADDRESS OF PERSON WI) (Type, Print)							
	MAY 9 1990 4	als Javidson A	GNATURE								

PI

	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF	TMENT OF ICATE OF		MENTAL	REG. NO.	Ē	
	1. DECEDENT'S NAME (First, Middle, Last)	XXXXXXXXXXX	X WILLI	AM J.	WILSON	2. DATE (1/90 YEA	3. TIME OF DEATH 6:4
	4. SOCIAL SECURITY NUMBER 195-14-1214	5. SEX 6. AGE	(In yrs. last birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			8. Bit	RTHPLACE (State or Foreign untry)
OR	9a. FACILITY NAME (If not institution, give s CHURCH HOSP-TT		K I RKAN	эь. сіту, то <u>уч</u>	ALTIMOR AKKKNOK	ETH CI		9c. COUNTY O	F DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY Md	Υ		Y, TOWN OR LOC	ATION BALT	IMOR	E CII	Ϋ́	10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
	10s. STREET AND NUMBER 1725	BANK ST.		3	01. ZIP CODE 21231			10g, CITIZEN C	OF WHAT COUNTRY?
Y FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	If yes, s	CENDENT OF HISPAN	in, Puerto R		0	ACE — American Indian, ilack, White, stc.
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done during n	TION nost of working	16b.	KIND OF BUS	INESS/INDUSTR	ucasian
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+)	ille. Do NOT u	se retired.)	To a second				
BE CO	17. FATHER'S NAME (F)st, Middle, Lest)	n			Unk	ME (First, N	Aiddle, Maiden	Sumame)	
임	Potricia Lai	uton	652°	7 ark	and Number or Rural	Route Numb	attin	nore,	W21222
	20a, METHOD OF DISPOSITION 15 Apurial 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	novel from State	irst U	utid 1	enceles	×_	Ba	Himo	r Town, Story and
	21, SIGNATURE OF FUNERAL SERVICE LI	Xactorou	ski.	Kace	orousk	2	25 4 Ba	257 Himor	lect'st.
		· Small	each line.	ANGER O	OF LUNG		PLEURA		Approximate Interval Between US I Chaset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lettled experts.) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	that initiated events resulting in death) LAST	d							
CAL	PART II. Other eignificant condition	ns contributing to deeth	but not resulting	in the underly	ng cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDI									1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	nationt 3 DOA	OTHER:	PLACE OF DEATH (C)				
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c, I	NJURY AT			NJURY OCCURE	0
BY	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm,	M 1	YES 2 NO			and Number or Ru	iral Route Number,
4 Homicide datermined building, atc. (Specify)									
COMPLETED	CONTROL ONLY	SICIAN: To the best of my known ER: On the basis of examination							rse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	0 1-110			29c. LICENSE NU			D 57	HED (Month, Day, Year)
2	30. Bame and address of Person Md	.21231 DR.	EATB (ITEM 27) (Type	B. Na	gpal 10	ON.B	roadv	vay Ra	žk
	31. DATE FLED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1990 Auk a Dayndar Bondar								

1	æ	1	
1	E	J	
	e		
-	INSF		
Car	1-113		
E S	uria		
0	le b		
를	th Si		
atte	Se a		
6	D. C		
E	d ft		
Pos	1Che		eš
the	deta		5
3	8		ĕ
ped	pino		9
etai	S		1
De C	3e 5		62
· è	pad		ă
E 9	tor,		STI
96	direc		-
70	E		를
eath	hue		Пе
er d	the	Zē.	6
and and	3	OLL)	lica lica
SIZ	.5	or re	ned
24 hours after death. Page 6 may be retained by the hospital or attending physici	Filled	n.	9
in 2	ely	natic	=
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	plet	Cren	rent
ted	COM	70	5
noeur	pue	Ē	atte
8	an	f to	5
te L	Sici	prio	=
ifica	P.	aue	her
9	ding	Š	0
the date	itten	tal	0 %
, e	he a	Мел	5
5	5	2	=
E E	pa	th a	an
aires	Sign	Hea	\$
5	Ben	6	Sho
WE	S b	ept.	23
9	e ha	te D	E
Z	ficat	Sta	=
CA	erti	the	0
H	his (with	be
9	l Ja	ath	nar
Š	Aff	de	ST
TEN	TOR	after	28
RAI	REC	SIA	E
0	0	2	=
PITA	ERA	7 4	1
HOS	FUN	Mili	IAN
포	포	8	POR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfunermit. Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		_	_

													90		126	77
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /			OF H			MENT	AL HYGI REG.						
	1. DECEDENT'S NAME (First, Middle, Lest) FRIEDA WACKE									E OF DEATH			YEAR	3. 1	IME OF DEATH	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH	c).		6. BIRT		CE (State or Fore	gn
	061-22-9019	1 - M XX F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	JUN	E 12,	"]	1903			YORK	
	9e. FACILITY NAME (If not institution, give str	CILITY NAME (If not institution, give street end number)						ON OF DE	EATH			9c. COU	NTY OF	DEATH		
OR	BALTIMORE COUNT	Y GEN. H	OSP.			RAND	ALLS	WOL	1			В	ALT	IMC	RE	
띮	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ION				_			10d	. INSIDE CITY	
DIRECTOR	MARYLAND	BALTIMOR	E		RAND	ALLS	TOWN							1 X	LIMITS?	0
	10e. STREET AND NUMBER					10f.	ZIP CODI	E				10g. CIT	IZEN OF	WHAT	COUNTRY?	
FUNERAL	9210 TURNBULL R	D.					211	.33						US	A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DECI	ENDENT C	F HISPAN	VIC ORIG	in? (Specify o Rican, atc.	Yes	or No-	14. RAI	CE - /	Americen Indian nite, atc.	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		40		1 TYPE, SPE				o mican, atc.	·J				WHITE	
	15, DECEDENT'S EDUC	ATION!	Les DE	OFFICE		00101710			- 1.	8b. KIND OF	0114	212500 1125	MATER			
	(Specify only highest grade	completed)	(Gi	ive kind of	work done se retired.)	CCUPATIO during mos	st of working	ng	"	86. KIND OF	80:	SINESS/INL	JUSTAT			
P	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	CLEF	2K							RETA	II.	STC	RE:	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			000			18. MOT	HER'S NA	ME (First	, Middle, Me	Idle, Meiden Surname)					
BE C	SOLOMON BERCU							YE	CTTA	UN	K	NOWN				
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Nu	mber, City or	Tow	n, State, Zip	Code)			
٩	MRS. ETTA W. SC	HER		921	OTU	IRNBU	LL R	D.	RA	NDALL	S	OWN,	MD	2	1133	
	20e. METHOD OF DISPOSITION 157 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other plo	ace)		eme of cen			RK			CATION — EISTE				
	21. SIGNATURE OF FUNERAL SERVICE LIC					NAME AN	D ADDRE	SS OF FA	CILITY							
	0 0 0	To	-							BROS N RD.			N/I	D	2121	
	23. PART I. Enter the diesesee, or c	omplications the	t coused the de	ath. Do										<u> </u>	Approximat	
	Interval Between Onset and Death															
	disease or condition Emphy SEm 6															
	DUE TO (OR AS A CONSEQUENCE OF):															
z																
ERTIFICATION	Sequentielly list conditions, If any, leeding to immediate															
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO	(OR AS A CONSE	OUENCE C	NEV-											
Ē	thet initiated events resulting in death) LAST	552.10	(OII NO A CONGE	OWEITOE C	,,,											
CE		1								_						
AL	PART II. Other significent condition	e contributing to	deeth but not r	reeuiting	In the u	nderlying	ceuse	given in	Part I.			RMED?	2	AM	RE AUTOPSY FINI MLABLE PRIOR TO)
8										1 🗆 Y	S 2	NO NO	- 1		MPLETION DF CA DEATH?	USE
M														1 [YES 2 NO	0
AN	25. WAS CASE REFERRED TO MEDICAL					20 01	ACE OF E	SEATH (O)	ha ali anti	000)	_					
2	EXAMINER?	HOSPITAL:	Senious alles	. □ ao.i	OTHE	R:	I = 20	15-11011								
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED														
- 1	1 Natural 6 Pending	(Month, E	Day, Year)	, IN	JURY M		PRK7 YES 2 [NO								
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e, PLACE C	OF INJURY — At he etc. (Specify)	ome, ferm,	street, fac	ctory, offic	•			OCATION (SI			or or Run	l Routi	Number,	-
TED	4 Homicide determined	_ amanigi,								,		,				
COMPLET	29e. CERTIFIER (Check only 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end manner se stated.															
O.	one) 2 MEDICAL EXAMINE	R: On the basis of a	xamination end/or	Investigat	lon, In my	opinion, d	leath occu	ired at the	time, d	ate end plac	0, 0	nd due to t	he caus	e(s) en	d menner es ats	rted.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		12					ENSE NU		سنوا و		29d. DA			onth, Day, Year)	
TO B	30, NAME AND ADDRESS OF PERSON WH	o completed car		M 27 /5-	m. Daforth			028	6	/ >	_		1-	5 = "	70	
	W SO. HAME AND ADDRESS OF PERSON WIT	O COMPLETED ON	UN UT DEATH ILL	THE SET ! I FUT	o. FINE											

32. REGISTRAR'S SIGNATURE

Balt im ou

, V. J

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

435

MAY 91990

BALTIMORE, MARYLAND 21203-3146

there death. Page 6 may be retained by the hospital or attending physician.

If the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should

liner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

death	fune	ехап
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Tours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and within 29 hours after death with the State Deat, of Health and Mental Hodene order to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
Sin	in the	9
2	led o	E
7 0	ly fi	=
Vith	rem	m,
B	al. c	8
ecut	nd o	atic
8	E TO	Ĕ
te b	Sicie	2
fica	F S	he
cert	ding	6
Ht.	tten al H	0
e de	Nem	3
4	by d	=
#	De #	E
Jires	Sign	3
Ted	De po	용
SW.	as b	23
The	te h	E
×	Sta	=
Cic	the	6
¥	his	Ked
16	ter t	mar
ş	Af	- 00
E	PD aff	28
RA	IREC	E
0	070	=
DIG.	ERA	1
HOS	FUN	M
포	里面	8
101	21	E
	, -	

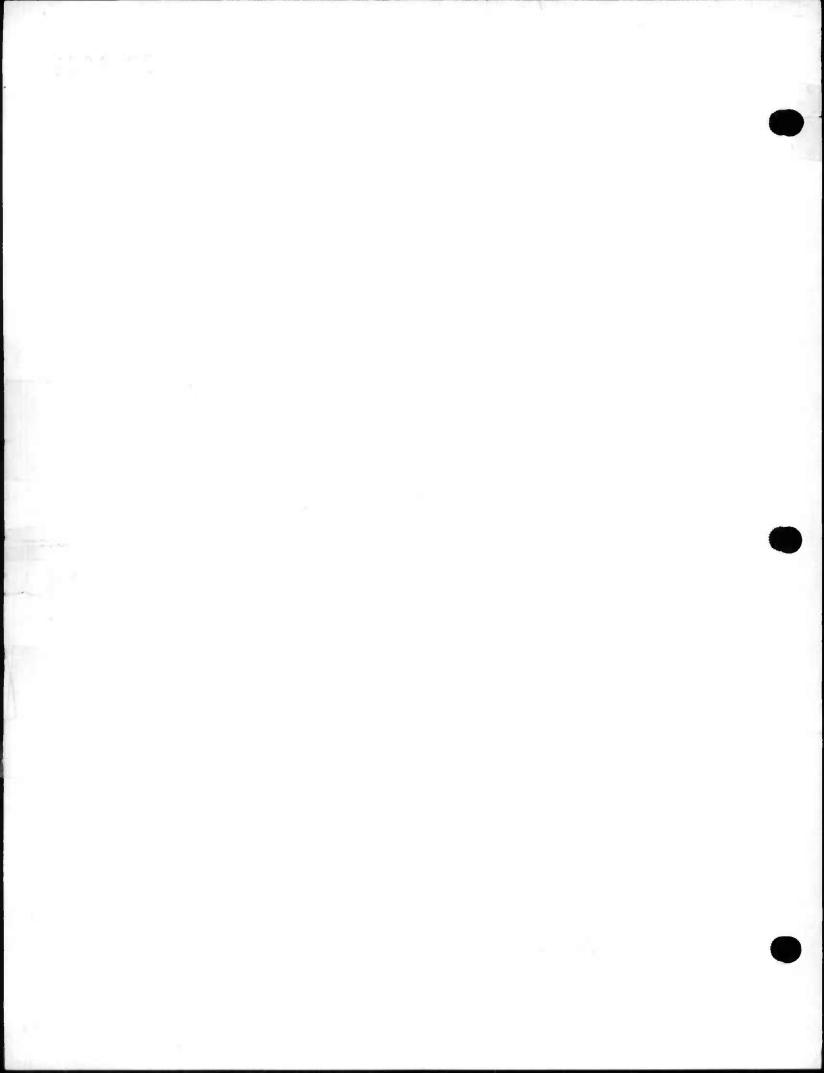
Frank Peretti,MD

1990

DECEDENT'S NAME (First, Middle, Last)							2. OATE OF	DEATH	,	YEAR	3. TIME OF OEATH
Damo	on '	Τ.	Br	own			5-6	-90 m			10:15AM
SOCIAL SECURITY NUMBER						R 24 HRS.	7. DATE OF (Month, E	BIRTH lay, Ybar)		Countr	PLACE (State or Foreign Md .
N/A	YRS.	4 10 m				16 9			Ma.		
Tobas Hooking I			96. CITY, TOWN				- 1	9c. COUNT	Y OF D	EATH	
Johns Hopkins F		Balti	шоте	CIL	<u> </u>						
De. STATE 10b. COUNT	ſΥ			Y, TOWN OR LOC	ATION						10d. INSIDE CITY
Md.			В	alto.							1 X YES 2 □ NO
2910 Garrison A	Ave. Apt.	4 T			2121				10g. CITIZI		VHAT COUNTRY?
I. MARITAL STATUS	12. WAS DECEDED						NIC ORIGIN?		or No — 1	4. RACE	— American Indien, c, White, etc.
Never Married 2	FDRCES?	1 ∐ YES 2 ¥ WAR OR DATES	שאב		S 2 X NO		nn, Puerto Ric ly:	en, etc.)		Bla	My:
15. DECEDENT'S ED (Specify only highest grad		16a. 1	DECEDENT'S	USUAL OCCUPA work done during i se retired.)	TION nost of work	dng	/ 16b, K	ND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	N/A	se retired.)		11	10	1			
FATHER'S MANE (FILL AND A			н/ А		40 440	THE	11.	4. 44 14	Add Com-		
Donnie Brown					18. MO	Hope	AME (First, Mid		rell		
De. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS (Stree	and Numb	er or Rumi	Route Numbri	City or Town	State. Zio 6	Code)	
Hope Burrell				Garrisc							1. 21215
Da. METHOD OF DISPOSITION				SITION (Name of a	emetery, cri	ematory or		20c. LO	ATION — C	Ity or To	wn, State
☐ Buriel 2 ☐ Cremetion 3 ☐ Red ☐ Donetion 5 ☐ Other (Specify)	noval from Stata		estern	Star C	em.			Cat	onsv	116	, Md.
1. SIGNATUM OF FUNERAL SERVICE	ICENSEE		-	22. NAME	AND ADDR			-	2-		7
D COLORO	I Ahm	DKA.	Jes		ch F		est Ave.				
23. PART L'Anter the diseases, or	complications th	at caused the	death Do					c or resolu	ratory erre	at	Approximate
shock, or heart feilure						yang, sa		о от тоори	atory one	,	interval Betw Onset and D
MMEDIATE CAUSE (Fine)	Gingho	t wound	l of h	hse							Onset and D
reauiting in death)	8	O (OR AS A CONS									-
_		(0.1.10)	PEGOLINOL O	. ,							İ
Sequentielly list conditions, if any, leading to immediate	b. DUE TO	O (OR AS A CONS	SEQUENCE O	IF):							1
cause. Enter UNDERLYING											
CAUSE (Disease or Injury hat initiated events	DUE TO	OR AS A CONS	SEGUENCE O	F):							
reaulting in death) LAST	d										
PART II, Other significent condition	one contributing to	o deeth but no	t resulting	in the underly	ing cause	given in	Part i. 2	4a. WAS AN	AUTOPSY	240	. WERE AUTOPSY FIND
	_							PERFOR	mLU1		AVAILABLE PRIOR TO COMPLETION OF CAU
							_ r	KF474E9 5	□ NO		OF DEATH? XIXXVES 2 \(\square\) NO
							_				2 mg 425 2 110
5. WAS CASE REFERRED TO MEDICAL	T			26.	PLACE OF	DEATH (C	heck anly one)				
EXAMINER? XIVEXITÉS 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	ome 5 KD	Residence	8 Other /	Spec#v)			
7. MANNER OF OEATH	25e. DATE O	F INJURY	28b. TII	ME OF 28c.	NJURY AT		1	RIBE HOW II	NURY OCC	URED	
1 Netural 5 Pending (Month, Dey, Year) NJURY WORK? 2 Accident Investigation Investigation No. 1 NJURY AM M 1 YES 2000 Subject shot											
2 Accident investigation 3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At	home, ferm,	street, factory, of	fice		28f, LOCAT	ION (Street s		or Rural	Route Number,
XX Homicide determined	- ounding	, etc. (Specify)	home				3309	Wint	erbou	urne	Road, Bal
9a. CERTIFIER	SICIAN: To the best of	of my knowledge	death occur	red at the time of	te and nis	ce. and de		_			
1 CERTIFYING PHY	The same of the same of the same of			(11110) 0	and his	,		I'm mine them			
Correct Only	7	examination and/	or investigati	on, in my opinior	, death occ	eured at the	e time, date s	nd place, an	d due to the	cause	e) and manner se state
Original Unity	NER: On the basis of	examination and/	or investigati	on, in my opinior	-	cured at the		nd place, an			a) and manner sa state

111 Penn Street, Baltimore, MD 21201

OHMH-18 Rev 1/89



DIVISION OF VITAL MECONDS, T.C. DOX 13149, DALLIMONE, MANITAND 21203-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DORA WATS				2. DATE OF DEA	ATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (TH 8.	BIRTHPLACE (State or Foreign						
	213-10-3686	1 🗆 M 2 💢 F	MD.							
OR	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital 9b. CITY, TOWN OR LOCATION OF GEATH Baltimore City									
يظ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	Υ	10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY		
DIRECTOR	MD		BA	10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
FUNERAL	10%. STREET AND NUMBER 3900 NORTH CH	TH CHARLES STREET (APT.916) 107. ZIP CODE 21218 U.S.								
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Spec	olfy Yea or No 14.	. RACE — American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			NO Specify		tc.)	Specify: WHITE		
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION	ON et of working	16b. KIND (OF BUSINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	retired.)	EWIFE	OW	N HOME			
OMI	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, I	Malden Surname)			
BE C	RICHARD WAT	SON			KAT		DAR			
10	19e. INFORMANT'S NAME (Type/Print) HOWARD D. BUF	FINGTON	3900	N. CH	ARLES S	T.APT.	or Town, State, Zip Co 916, B	ALTO.MD.		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	PLACE OF DISPOSE	TION (Name of cer		2	Oc. LOCATION — City			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FAC	CILITY 490	5 YORK	ROAD 21212		
	P. H. Kert	て		H.W.	JENKINS			BALTO, MD.		
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that caused List only one cause on a		t enter the mo	de of dying, suci	h es cerdiac or	respiratory arrest	intarval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	· Pulman	4 5 2	dono				Onset and Death		
	disease or condition resulting in deeth) Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Consideration									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c. Cero-a	Y Consequence on	leny	distor	*				
RTI	that initiated events resulting in death) LAST	d.	TOOMSEASEROE OF J	. ,						
	PART II. Other significant condition	ns contributing to death t	aut not resulting in	the underlyin	a ceuse alven in	Part I 24a V	MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CAL	Ahial fibil		at not resulting in	uis underlyin	g couse given in	P	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						_ ' '	res 2 Ano	OF DEATH? 1 YES 2 NO		
N.										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch		M.A			
PHYSICIAN:	27. MANNER OF DEATH	The state of sures	erru 28b. TIME	OF 28c, IN.	JURY AT DRK?		HOW INJURY OCCUI	RED		
BY	Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY	4-		YES 2 NO	26t. LOCATION	(Street and Number or	Rural Route Number		
TED	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Spec	offy)			City or Town				
COMPLETED	29a. CERTIFIER (Check only one) 2 I MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
8	29b. SIGNATURE AND TITLE OF CERTIFIE	11	R How	e, r 4	29c. LICENSE NUI	MBER	29d. DATE 8	SIGNED (Morith, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type,	*						
		oward m.		ion M	emoria	Hos	pital			
	31. DATE FILED (Month, Day, Year) MAY 1 () 1990	32. REGISTRAR'S SIGN	LAME					4 4		
			THE REAL PROPERTY.							

DHMH-18 Rev 1/89

Sala of Control of the Control

THE PERSON

or attending physician. r use as the burlal-transit permit. Pages 1, 2, 3 should DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hours af	led in by	, or reme	medica
thin 24	etely fill	татіоп	nt, the
uted wi	сотр	rial, cre	c ever
e be exec	sician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumat
certifical	fing phy	lygiene I	other
death	atten	ental H	iny, 01
at the	by the	and M	y Inju
res th	igned	ealth	rs ar
requi	s ueed	. of H	show
he law	has	e Dept	п 23
AN: T	ificate	State	r iter
YSICI	s cert	ith th	9d, 0
NG PH	ther this	ath w	mark
ENDI	DR: A	tter de	89
JR ATT	MRECT	ours a	еш 2
TAL	RAL D	72 h	# :
HOSP	FUNE	within	TANT
TO THE	TO THE	be filed	IMPOR

	1 - STATE OF MA REGISTRAR	RYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND ! CATE OF DEATH	MENTAL HYGIENE REG. NO.				
		tzer		2. DATE OF DEATH MONTH DAY MAY 9,1				
	4. SOCIAL SECURITY NUMBER 236 -30-6245 1 M 2 F 99. FACILITY NAME (If not institution, give street and number)	71 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. Db. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 6-9-1918	6. BIRTHPLACE (State or Foreign Country) W. Va.			
TOR	1534 E. Cold Spring			City				
DIRECTOR	Md .		town or Location litimore		104. INSIDE CITY LIMITS? 1 2 YES 2 NO			
FUNERAL	1534 E. Cold Spring		101. ZIP CODE 2121	8	. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	o- 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor iffe. Do NOT use i	rk done during most of working retired.)	16b. KIND OF BUSINESS	200-32			
BE COM	17. FATHER'S NAME (First, Middle, Lest) John O. Adkins		18. MOTHER'S NA Stella					
2	190. INFORMANT'S NAME (Type/Print) Hopesura Chaney	1534	Cold Spring	Lane, Balt				
	20s METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 N Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	other place) Doe Hill	Cemetery 22. NAME AND ADDRESS OF FA	Doe	Hill: Va.			
	John aslide		H. W. Jenki	ns & Sons	Co.Balto.,Md.			
	23. PART I. Effar tha diseases, or complications that canock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arterios oue TO (or	on each line.	rdiovascular di		ry srreat, Approximata interval Between Onset and Dasth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
	PART II. Other significant conditions contributing to de	ath but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTO	DPSY 24b, WERE AUTOPSY FINDINGS			
BY PHYSICIAN: MEDICAL			and another years grown	PERFORMED: 1 VES XX N INQUIRY	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C)					
3Y PHYS	27. MANNER OF DEATH ACIDINAL STREET	JURY 28b. TIME	I Nursing Home & Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCUREO			
	2 Accident 3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) AMEDICAL EXAMINER: On the best of exercises of the best of exercises one)	The state of the s	And the second s					
TO BE (29b. AN ATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type 5	29c. LICENSE NU OCME	MBER 29d	d. DATE SIGNED (Month, Day, Year) 5-9-90			
	Margarita A. Korell, MD 31. DATE FILED (MONIN, Day, Year) MAY 1 U 1990 Julia Javidso	1. 60	7	eet,Baltimor	re,MD 21201 vo			

as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

disease or condition recuiting in deeth)

Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events

resulting in death) LAST

4 Homicide

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
5 5 3 ₹

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

										90	1268	-
	FOR STATE REGISTRAR	STATE OF I	MARYLAN	ID / DEPAR				WENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		WEAR	3. TIME OF DEATH	
ı	RENITA D. BOOKE	R						MONTH 05	4	gro I	500 p	M
	4. SOCIAL SECURITY NUMBER 217-06-5363	5. SEX	6. AGE (In y	rrs. lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF BIRTH (Month, Day, Year) 02/21/6	7		LTIMORE	n
	9a. FACRLITY NAME (If not institution, give s UNION MEMORIAL I						RE, MARY		9c. COI	UNTY OF DE	EATH	
I	RESIDENCE OF DECEDENT				1							
	M D 100. STATE	1			ALTIN		E, CITY				10d. INSIDE CITY LIMITS? 1 X YES 2 ND	
	100. STREET AND NUMBER 1617 E. 315	t STRE	ΕT			101	21218		10g. CI	TIZEN OF W	HAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FDRCES? IF YES, GIVE	YES :	2 NO	H	yee, sp		IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.) y:	or No-	14. RACE Black Specif	- American Indian, White, atc.	
l	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16	Sa. DECEDENT'S	work done du	CUPATH	ON st of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12) 12th GRADE	College (1-4 or 5	+)	life. Do NOT u	RITY			BALTIM	ORE	CIT	Y Z00	
I	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
ı	FRANCIS BOOK	ER					MARGA	ARET HEN	DER	SON		
1	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street i	and Number or Rural	Route Number, City or Tow	n, State, Z	(ip Code)		
ı	MARGARET BO	OKER		161	7 E.	31	st ST.	BALTO,	MD.	212	18	
	20e. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. P	Married and a second	ALVAF		CEMETE			RUND	EL CO, M	ID.
	21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEE	eo~	W			C. MAR	CH F.H. 1	101	Ε.	NORTH A	VF
	23. PART I. Enter the diseases or shock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications the List only one co	uee on eecl	he dealth be h line.	not enter t						Approximate interval Betwo	veen

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Esophages condidiasis 1 - YES 2 1 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 6 - Residence 6 - Other (Specify) 28c. INJURY AT WORK?
1 YES 2 ND 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME DF INJURY 28d. DEŞCRIBE HDW INJURY OCCURED 1 Natural 2 Accident 6 Pending Investigation 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined

wheten

DUE TO (DR AS A CONSEDUENCE OF):

DUE TO (OR AS A CONSEDUENCE OF):

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner ee stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and 296. SIGNATURE AND TITLE OF CERTAFIER

11100				
NAME AND LOORESS OF	PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	
HIEMER	0.	NEGRETE 1	negau	MEMORIAL

HIEMER NEGRETE

Mo

DHMH-16 Rev 1/89

04/90

HOSPITAL, BALTO-MD-21208

1	-	STATE REGISTRAF
_		

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LIDECEDENT'S NAME (FIRE, MOSCA, Lett) Virginia S. Bialecki 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (9 yrs. lend brinday) 7. PART SECURITY NUMBER 7. SOCIAL SECURITY NUMBER 7. SO
A. SCIAL SCURITY NUMBER S. SEX S. AGE (in yrs. bard beforehold) Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South SCIALITY NUMBER Section 14 ms. South Sciality Science and Association of Sciality Sciality Sciality Sciality Sciality Science and Association of Science
4. SOCIAL SCURITY MARKER 1. SEX 1. S
21.3 - 1.3 - 8.4.3 9 1 1 2 1.2 1 5 7 785 8 8. CITY, TOWN OR LOCATION Aug. 1.3, 19.2 1 Md. 8. CITY, TOWN OR LOCATION Baltimore Bal
Se. COUNTY OF DEATH 257 S. Highland Avenue Baltimore 10. STATE 10. COUNTY Md. 10. STATE 10. COUNTY Md. 10. STATE 11. MARTAL STATUS 11. MARTAL STATUS 12. Nove Mercia 12. PROCEEDIT SUBLAL COCUMENTO 13. DECEDENT'S DUDCATION 14. DECEDENT'S SUBLACE 15. DECEDENT'S SUBLACE 16. STATE 17. STATE 18. MARTAL STATUS 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. STATE 19. Nove Mercia 19. Nove Mer
106. COUNTY 106. COUNTY 106. COTY, TOWN OR LOCATION 107. STREET AND NUMBER 257 S. Highland Avenue 108. ZP CODE 108. ZP CODE 109. CTILZEN OF WHAT COUNTYT 257 S. Highland Avenue 11. MARITAL STATUS 12. WAS DECEDEDRY FEED 11. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 12. WAS DECEDEDRY FEED 13. WAS DECEDEDRY FEED 13. WAS DECEDEDRY FEED 14. MARITAL STATUS 12. WAS DECEDEDRY FEED 13. WAS DECEDEDRY FEED 14. WAS DECEDEDRY FEED 14. WAS DECEDEDRY FEED 14. WAS AN MARITAN FEED 14. WAS AN MARITAN FEED 14. WAS AN MARITAN FEED 14. WAS AN WAS DECEDEDRY FEED 14. WAS AN WAS DECEDE
106. COUNTY 106. CETTY, TOWN OR LOCATION 106. MISSING CITY 116. MISSING CITY
Md. Baltimore 104. ZP CODE 205. THIGH AND NUMBER 25. S. Highland Avenue 114. MARITAL STATUS 115. WAS DECEDENT EVER IN U.S. ADMED 115. FORCES? 117. FORCES? 117. FORCES? 117. FORCES? 118. DECEDENT'S EDUCATION (Specify only highest grate complained) Elementary/Secondary (P-12) Elementary/Secondary (P-12) College (1-4 or 5-1) ADM Blackowicz 105. PALCE OF DISPOSITION 106. MAJ ING ALD PORCES (Since and hamber or Rush Route Number. City or Rown, State. 106. DECEDENT'S INSUAL OCCUPATION (Specify only highest grate complained) 107. FATTER'S NAME (First, Middle, Masters 108. AND THEN'S NAME (First, Middle, Masters 109. MAJ ING AND THEN'S NAME (First, Middle, Masters 109. MAJ
106. STREET AND NUMBER 257 S. Highland Avenue 11. Marthal STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 TES 2 ZINO II Never Marthal Divorced 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 TES 2 ZINO II Never Marthal Divorced 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 TES 2 ZINO II Never Marthal Divorced 13. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 TES 2 ZINO II Never Marthal Divorced 14. RAGE — American Indien, II YES 2 ZINO II YES 2 Z
257 S. Highland Avenue 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 11. Marital STATUS 12. Married 22. Married 23. Married 23. Married 24. Married 25. Married 25. Married 26. Married 27. Married 28. DECEDENT'S EDUCATION (Specify only highest grade completed) (F. YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade only highest grade completed) (Specify only highest grade only highest grade completed) (Specify only highest grade only highest grad
11. MARITAL STATUS 11. NAME (First, Middle, Last) 12. WAS DECEDENT EVER IN U.S. ANIMED 13. DECEDENT'S EDUCATION (Greetly only highest grade completed) 14. Deceded 1.
Nover Merried Merried
Specific of the Price of the Control of the Contr
16a. DECERBITY SUCULTION Specify only highest grade completed Security only highest grade completed Security only highest grade on the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of the great of the control of
College (1-12) College (1-12) College (1-14 or 5 +) College (1-14 or 5
17. FATHER'S NAME (First, Middin, Last) JOhn Blackowicz. 19e. IMALING ADDRESS (Street and Mumber or Rural Route Number, City or Town, State, Zip Code) JOhn Kropkowski 20e. Place of Disposition 4 Donation 6 Disposition 4 Donation 6 Disposition 4 Donation 6 Disposition 4 Donation 7 Rural Service Licenses 10e. IMALING ADDRESS (Street and Mumber or Rural Route Number, City or Town, State, Zip Code) 7 Ramsay Cival Service Control 20 Control Code (City) 17363 20e. Place of Disposition Number of cometery, cerematry or other place) 17363 20e. Place of Disposition Number of cometery, cerematry or other place) 17363 20e. Place of Disposition Number of cometery, cerematry or other place) 17363 20e. Place of Disposition Number of cometery, cerematry or code (City) 17363 20e. Place of Disposition 217363 22e. Place of Disposition Naryland 22e. Name and Doness of Faculty Joseph N. Zannino, Jr. 263 S. Conkling Street 22e. Place of Disposition Number of cometer, cerematry or code (City) 22e. Name and Doness of Faculty Joseph N. Zannino, Jr. 263 S. Conkling Street 22e. Place of Disposition Number of cometer, cerematry or code (City) 22e. Name and Doness of Faculty Joseph N. Zannino, Jr. 263 S. Conkling Street 22e. Name and Doness of Faculty Joseph N. Zannino, Jr. 263 S. Conkling Street 22e. Place of Disposition Number of Cometer (City) 22e. Name and Doness of Faculty Joseph N. Zannino, Jr. 21224 Approximate Interval Batween Onset and Doness of Paculty Joseph N. Zannino, Jr. 2026 S. Conkling Street Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF): d. Due to (OR AS A Consequence OF): d. Due to (OR AS A Consequence OF): d. Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF): Due to (OR AS A Consequence OF):
198. INFORMANT'S NAME (First, Middle, Last) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Maidlen Surmeme) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Last) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Last) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Last) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) JOHN Blackowicz 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia SZAJAA 198. INFORMANT'S NAME (First, Middle, Last) Pelagia
196. INFORMANT'S NAME (Type/Print) The MARLING ADDRESS (Street and Number or Rural Roune Number. City or Town, State, Zip Code) JOANN Kropkowski 7 Ramsay Circle Stewartstown 17363 206. LOCATION - City or Town, State ADDRESS (Street and Number or Rural Roune Number. City or Town, State, Zip Code) 7 Ramsay Circle Stewartstown 17363 206. LOCATION - City or Town, State 10 Conston 3 Ramoval from State 11 Signature of Funeral Service Licensee 12 NAME AND ADDRESS (Street and Number or Rural Roune Number. City or Town, State 13 Signature of Disposition 14 Donation 6 Other (Specify) 15 Holly Hills Ceptetry Maryland 21. Signature of Funeral Service Licensee 22. NAME AND ADDRESS of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 22. NAME AND ADDRESS of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 22. NAME AND ADDRESS (Street and Number or Rural Roune Number. City or Town, State Maryland 26. LOCATION - City or Town, State Maryland 27 Name And Address of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 27 Name And Address of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 27 Name And Address of Facility Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): 27 Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): 28 Deep Name And Provided Authority of Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State
196. INFORMANT'S NAME (Type/Print) The MARLING ADDRESS (Street and Number or Rural Roune Number. City or Town, State, Zip Code) JOANN Kropkowski 7 Ramsay Circle Stewartstown 17363 206. LOCATION - City or Town, State ADDRESS (Street and Number or Rural Roune Number. City or Town, State, Zip Code) 7 Ramsay Circle Stewartstown 17363 206. LOCATION - City or Town, State 10 Conston 3 Ramoval from State 11 Signature of Funeral Service Licensee 12 NAME AND ADDRESS (Street and Number or Rural Roune Number. City or Town, State 13 Signature of Disposition 14 Donation 6 Other (Specify) 15 Holly Hills Ceptetry Maryland 21. Signature of Funeral Service Licensee 22. NAME AND ADDRESS of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 22. NAME AND ADDRESS of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 22. NAME AND ADDRESS (Street and Number or Rural Roune Number. City or Town, State Maryland 26. LOCATION - City or Town, State Maryland 27 Name And Address of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 27 Name And Address of Facility Joseph N. Zannino, Jr. 263 S. Conkling Street 27 Name And Address of Facility Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): 27 Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): 28 Deep Name And Provided Authority of Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State And Authory Town, State
20b. PLACE OF DISPOSITION #20-Burfel 2 Cremetion 3 Removal from Stata 4 Donation 6 Other (Specify) Holly Hills Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH N. Zannino, Jr. 263 S. Conkling Street 21224 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or campilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Immediate Cause (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of):
20b. PLACE OF DISPOSITION #20-Burfel 2 Cremetion 3 Removal from Stata 4 Donation 6 Other (Specify) Holly Hills Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH N. Zannino, Jr. 263 S. Conkling Street 21224 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or campilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Immediate Cause (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of):
Approximate a conditions, if any, leading to immediate course for course or resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY FINDINGS
21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH N. Zannino, Jr. 263 S. Conkling Street 21224 23. PART I. Enter the diseases, or complications that caused the easth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 22. NAME AND ADDRESS OF FACILITY JOSEPH N. Zannino, Jr. 263 S. Conkling Street 21224 Approximate interval Between Onset and Death Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
23. PART I. Enter the diseases, or confiplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS
23. PART I. Enter the diseases, or confiplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS
shock, or heert fallure. List only one cause on each line. Interval Batween Onset and Death Oue to (or as a consequence of): Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): C. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 248. WAS AN AUTOPSY FINDINGS
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
CAUSE (Disease or Injury that Initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE
1 VES 2 NO OF DEATH?
1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
EXAMINER? HOSPITAL: OTHER:
1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
1 Natural 5 Pending (Month, Day, Year) INJURY WORK?
2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, Number, Street)
4 Homicide Homicid
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my provided to death accounted at the time date and place and due to the council and manner as stated
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE ANO/NITLE OF CERTIFIED 28c. LICENSE NUMBER 29d. Date Storage Meanth, Day, Year)
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
(Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE ANO/NITLE OF CERTIFIED 28c. LICENSE NUMBER 29d. Date Storage Meanth, Day, Year)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

PE0 --- -- n

	no	
	24 1	
2	within	
2	executed	
<	9	
5	certificate	
	death	
2	app.	
2	hat	
	requires	
-	A.W	
₹	The	
2	PHYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOA 13146	YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 now	
5	98	
_	MITAL	

		FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI CERTIF					MENTA	L HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First	. Middle, Lest) Erne	st		Ba	vlow	Ва	arlow	J	2. DATE	3-90 DA	Υ	YEAR	3. TIME OF DEATH 2:51AM M
		4. SOCIAL SECURITY NUMBER 246-66-3189		5. SEX	6. AGE (In 44	yrs. lest birthdey) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont)	of BIRTH h. Day, Year) t. 29,		Country	th Carolina
2, 3 should	OR	90. FACILITY NAME (If not in Doctors Ho	ospita					nhai	R LOCATIO	ON OF OE	ATH		9c. COUN Prin		eorges Co.
	DIRECTOR	nesidence of dec 100. STATE Maryland	10b. COUNT	e George	l a		TY, TOWN OF							T	10d. INSIDE CITY LIMITS?
l permit. Pages 1,		10e. STREET AND NUMBER			5	PIL	tchel:	-	ZIP CODE				-147	EN OF W	XX YES 2 NO
r attending physician. use as the burlal-transit	BY FUNERAL	11104 Hudee 11. MARITAL STATUS 1	Merried	12. WAS DECEDER FORCES? IF YES, GIVE			16	yes, spe		F HISPAN	n, Puerto	N? (Specify Yes Ricen, etc.)	_	14. RACE	tates — American Indian, Wile, etc.
hours after death. Page 6 may be retained by the hospital or attending physician ed in by the funeral director, page 5 should be detached for use as the burial-tract removal. medical examiner must be notified at once.	COMPLETED		CEDENT'S EDU ly highest grade 0-12)			ille. Do NOT L	work done do	iring mo	DN st of workin	g	186	S. KIND OF BUS	iness/indi	JSTRY	
by the hos t be detach at once.	ш	17. FATHER'S NAME (First, A Ernest Barl		c.		,					ME (First,	Middle, Maiden			
be retained be 5 should a notified	TO B	190. INFORMANT'S NAME (Gloria Barl										ber City or Town			d 20716
rector, page must be r	ļ	20e. METHOD OF DISPOSIT 1 Duriel 2 Department 4 Donetion Other	on 3 🗆 Rem	noval from State	20b. I	place of dispondent of the place of the plac	L1 Cer	nete	ery			Sui		d, M	aryland
after death. Page 6 m. by the funeral director, smoval. IIcal examiner must		21. SIGNATURE OF TUNERA	AL SERVICE LI	CENSEE	_										enral Home yland 20785
within 24 npletely fill cremation, vent, the		23. PARTA. Enter the deshock, or he immediate CAUSE (Fi disease or condition resulting in death)	aart fellure.	a. Arter:	ioscle		cardi			200			retory srn	est,	Approximate Interval Between Onset and Death
e be executed sician and con- rior to burial, traumatic er	ATION	Sequentially list condi- if sny, leading to imme cause. Enter UNDERLY	dlata	b	OR AS A	CONSEQUENCE (OF):								
h certificati ending phys Hyglene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):													
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atta be filed within 72 hours after death with the State Dept, of Health and Menta IMPORTANT: If item 28 is marked, or Item 23 shows any Injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus 24a. WAS AN AUTOPSY PERFORMED? **XX YES 2 \(\) NO 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? **XX YES 2 \(\) NO													
IN: The la ficate has State De Item 2	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 - YES 2 - NO	TO MEDICAL	HOSPITAL:	G ER/Outper	tlent 3 🗆 DOA	OTHER	:	ACE OF O			er (Specify)			
G PHYSICIA er this certi th with the narked, or	ву Рну	27. MANNER OF DEATH	Pending Investigation	28a, DATE O		28b, TJ		28c. INJ WO				SCRIBE HOW I	NJURY OCC	URED	
ATTENDIN ECTOR: After s after dea n 28 is m	ED	n - 0.11-14-	Could not be determined	28e. PLACE building	OF INJURY - I, etc. (Specif	— At home, term,	street, facto	ry, offic	•			CATION (Street of or Town, Stete)	and Number	or Rural R	oute Number,
SPITAL OR NERAL DIR hin 72 hour NT: If iten	COMPLE	CONTRACT.		ER: On the best of	_) end menner ee stated.
THE HC THE FU Filed with	TO BE C	BIGMATURE AND TITLE	4. 6	# LU	A	1	/			ENSE NUI	MBER		29d, DATE	5-3-	(Month, Day, Year)
FFA		TO NAME AND ADDRESS O	or denness us	AND STATE AND DESIGNATION OF THE PARTY NAMED IN COLUMN	to division in the same of the last	all comments and an are	L								

32. REGISTRAR'S SIGNATURE

1990

Miles 10

ŝ	with	nion
1	urted	com
2	exec	n and
5	8	icia
á	tificate	o ohve
Ó	93	Mile
-	death	a zitter
3	the	#
É	that	A Pa
3	Jires	Sinne
4	requ	080
_	Jaw.	ae h
(PE PE	rte h
>	CIAN	artifica
5	HYS	thie C
Ę	NIG	After
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	ATTEN	-BULL
5	DR	DIDE
	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	C CHAIDDAL DIDECTION After this certificate has been signed by the attention obusina and complete
	ш	u

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENT	AL HYGIEN REG. NO.	E		, 1200
	1. DECEDENT'S NAME (First, Middle, Last)	Jakie	Brown	own,	Sr.				2. DAT	E OF DEATH	Y 9	YEAR 3.	3:50 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	7. DAT	E OF BIRTH oth, Day, Year) 23/25	T'	Country)	ACE (State or Foreign
	247 34 0794 9e. FACILITY NAME (If not inellitation, give at		65		9h CITY	TOWN (R LOCAT	ION OF DI		23/23	9c COUNT	Y OF DEAT	G.C.
OR	Francis Scott I						nore		-AIII		<i>30.</i> 000KI	TOP DEAT	
ក្ខ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN C	R LOCAT	ION		-			10	d. INSIDE CITY
DIRECTOR	Md.				Balt								LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD				1112		T COUNTRY?
	4812 Greencrest							206				.S.Z	
8	11. MARITAL STATUS 1	FORCES?	NT EVER IN U.S. AI			f yes, sp	ecify Cubi		n, Puerto	ilN? (Specify Yes o Rican, atc.)	or No— 1	Specify: Black	American Indien, thite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)		ECEDENT'S Give kind of b. Do NOT u	work done i	CCUPATION	ON at of work	ing		Bethle			el Corp.
MPL	Elementary/Secondary (0-12)	College (1-4 or 5		rack	man						road		corp.
S	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	, Middle, Malden	Sumame)		
B	Ben	Brown						eal			Vic		
9	19a. INFORMANT'S NAME (Type/Print) Bessie Bro	DI.TO	11		2 Gr				20011	mber, City or Tow	2120		
	204. METHOD OF DISPOSITION	- 111 att	20b. PLACE	OF DISPO	SITION (Na	me of cer	netery cre		ĸa.		CATION — CI		. Stata
	1 Suriel 2 Cremation 3 Rem	oval from Stata	_ other p	rris	on I	ore	st						s, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ansee	norte	in									Inc.
	23. PART I Enter the diseases, or check, or heert fellure. IMMEDIATE CAUSE (Finat disease or condition resulting in death)	a. 59	use on each lin	ie.	not enter	the mo	de of dy	ring, aud	h aa ca	irdlac or reapl			Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. U	O (OR AS A CONSE	EOUENCE C	P OF):	(n	non	/					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	OR AS A CONSE	EOUENCE C	PF):								
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	e contributing to	deeth but not	resulting	In the ur	nderfylin	g ceuse	given in	Part I.	24s. WAS AN PERFOF 1 YES 2	RMED?	A C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF	DEATH (C/	neck only	one)			
ΥS	1 VES 2 NO		ER/Outpatient	_	4 🗆 Nur	sing Hon		lasidence	7	her (Specify)	AL M IMAC A A	1050	
BY PF	1 Natural 5 Pending Investigation		Dey, Year)	26b. TII	JURY M	WC	URY AT ORK? YES 2	□ NO	28d. U	EŞCRIBE HOW I	NJURY OCCI	URED	
	3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At h i, etc. (Specify)	ome, farm,	street, fact	lory, offic	8			CATION (Street a by or Town, State)		or Rural Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE												nd manner as stated.
BE C	29b. SIONATURE AND TITLE OF CERTIFIE	DIMI.		1			29c. LIC	ENSE NU	MBER	? 1)	29d. DATE	SIGNED IN	Day, Year)
9	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	may /	NY Co	a Defeat	_	(111	0 5	, U		2/1	40

32. REGISTRAR'S SIGNATURE

Cohen

OHMH-16 Rev 1/89

.

×

5 5 3 3	TO THE MOSPIAL OR ALLENDING PRINCIPALS: The BW requires that the detail centricate be executed which a footh and the foother or insign to may be relative by the two THE FUNEAL DIRECTOR. After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hyghes prior to bufflet, cemation, or removal. IMPORTANT: If I feem 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------	---

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ITAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	A. Coiro	Pen			DATE OF DEATH		TIME OF DEATH			
	1	□ M 2 × F 9(MON	INDER 1 YEAR		Month, Day, Year) 0-3-1899	0. BIRTHPL Country)	ACE (State or Foreign			
DIRECTOR	Homewood Hos	So, FACILITY NAME (II not Institution, give street and number) South So. CITY, TOWN DR. LOCATION OF DEATH HOWE WOOD Word that Couter, South Butting VE, CITY Butting									
	Md. 106. COUNTY			ilto.	ON	4.5		Od. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5102 Chalgrove	e Avenue		101.	21215	10g. (USA	AT COUNTRY?			
8	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DAT	2 ND	If yes, spe	ENDENT OF HISPANIC OF City Cuban, Mexican, Pur XIX NO Specify:	RIOIN? (Specify Yes or No- erto Ricen, etc.)	- 14. RACE - Black, V Specify Blac	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a, DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos	N It of working	16b. KIND OF BUSINESS	INDUSTRY				
NO.	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NAME (F	First, Middle, Maiden Surnem	(4)				
BEC	Robert Wiggins				Novella	Brooks					
5	190. INFORMANT'S NAME (Type/Print) Reese Spence					Number, City or Town, State,					
	200, METHOD OF DISPOSITION	20%	PLACE OF DISPOSITIO			alto. Md.	2121 - City or Town				
	1 X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I from State	Arbutus	Mem. P	k.	Arbutu	is, Md.	n, sure			
	21. SIGNATURE OF TUNERAL SERVICE LICEN	Chron		Marc	h F/H West Wabash Av						
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	UVOSE DUE TO (DR AS A DUE TO (DR AS A	dsis		Failur			Approximate interval Between Onset and Death			
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
PHYSICIAN:		109PITAL:		THER:	ACE DF DEATH (Check o						
ВУ РН	27. MANNER OF DEATH 280. DATE OF INJURY (Morith, Dey, Year) 280. TIME DF INJURY WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED WORK?										
	2 Accident investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street end Number or Run City or Yours, State)										
COMPLETED	onel	N: To the best of my knowle						end manner as stated,			
BE	206. SIGNATURE AND TITLE OF CENTIFIER	à urs			29c LICENSE NUMBER	29d.	DATE SIGNED (Month, Day, Year)			
5		COMPLETED CAUSE OF DEA	0 1		11111	Center Sovy	W 0	ILml			
	31. DATE FILED (Mogth, Day, Year)	32. REGISTRAR'S SIGNA		mewore	- 1002 11/W	CONJW JOVY	150	IT, MA			

31. DATE FILED (Month, Day, Year)
MAY 1 01990

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF I					DEATH		REG.			
	1. DECEOENT'S NAME (First	, Middle, Last)			100					DATE OF DEAT	Н		3. TIME OF OEATH
	MARY	A	COLE) 5	0.5	1990	11:44 A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HF	s. 7. C	DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
П	213-03-63	12	1 □ M 2 √2 F	8.4	YRS.	MONTHS	DAYS	HOURS MI	ı. (Month, Day, Yes	05	Count	D.C.
	9a. FACILITY NAME (If not in		21	0.5	ī.	eh CITY	TOWN C	R LOCATION O	F DEATH	7 1		DUNTY OF C	
œ				TMAT					DENIII				
ō	THE JOHN		INS HUSP	TTAL		BAI	TIM	IORE			<u>B</u> A	LTIMO	ORE CITY
DINEWIOR	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCAT	ION			-		100. NSIDE CITY
₹	MD.				B/	ATTI	1OR	E, CIT	<i>7</i>				XES 2 NO
	10e. STREET AND NUMBER				1			ZIP CODE			10g. C	T. 7EN OF	WH : "OUNTRY?
FUNETIER	1517 SHE	PPTPT	ח מאח						212	218			S.A.
#	131/ SIL	CLTEL	12. WAS DECEDEN	IT EVED IN INC A	DMED	T +2 W	AS DEC	ENDENT OF HIS			You or No	-	E - American Indian,
F	1 Never Married 2	Married	FORCES?	YES 2	NO	H	yes, sp	ecify Cuben, Me	xican, Pu			Plac	White, atc.
	3 Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES		1 1	YES	2 NO S	ecify:			Spec	WHITE
2	15 OFC	EOENT'S EOU	CATION	16a D	ECEDENTS	USUAL OC	CLIDATIO	w		18b. KIND OF	RUSINESS/	MOUSTRY	
	(Specify on	ly highest grade	completed)		Give kind of le. Do NOT u	work done di	uring mo	st of working			0001112001		
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ноі	JSEW]	FE			1WO	I HOM	ΙE	
COMPLETER-BY	17. FATHER'S NAME (First, M	tiddle (ant)			110.	701111		40 MOTHERN	NAME /	First, Middle, Ma			
			V COLE							RET MA		,	
8	JOSEPH 19a. INFORMANT'S NAME (Y COLE	Τ.									
2	ACTION OF THE PARTY OF THE PARTY.		- 110 000	1.0				nd Number or R					.21218
	MARGARET		ANDEFE.		15.				***				
	20s. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACI	place)			netery, cremetory			LOCATION		
	4 Donation 5 Other				BA.			CEME			SALTI	MORE	E,MD.21228
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE			22. N	AME A	ND ADDRESS O	F FACILIT	490	5 YOF	K RC	DAD21212
1	1 K.77.	Kin	7			н	.W.	JENKI	NS A	AND S	ONS C	CO. E	BALTO.MD.
	23. PART I. Enter the d				laath. Do	not enter t	the me				1		I Amountmete
		neart fallure.	Liat only one car			HOL SHEEL S	the mo	de of dying,	such ss	cardiac or i	eapiratory	srrest,	Approximate
	IMMEDIATE CAUSE (FI			use on sach ill	na.	not enter :	ere mo	de of dying,	such ss	cardiac or i	eapiratory	srrest,	Interval Between Onset and Death
	disesse or condition	nel	1.1.	JA,	na.	A *	ине ппо	de of dying,	such ss	cardiac or i	eapiratory	arrest,	Interval Batween
	disesse or condition resulting in death)	nel -	a. proba	LIGHT AS A CONS	roles	2.0	trie mo	ide of dying,	such ss	cardiac or i	eapiratory	srrest,	Interval Batween
		nel -	a. probe	JOR AS A CONS	role p	Aug.	ene mo	ide of dying,	such ss	cardiac or i	eapiratory	srrest,	Interval Batween
NO	resulting in death) Sequentielly list condit	tions,	a. Andre	OR AS A CONS	rose p	Ais in	sie mo	de of dying,	such ss	cardiac or i	eapiratory	srrest,	Interval Batween
ATION	resulting in death)	tions,	a. Andre	ble a	rose p	Ais in	sie mo	de of dying,	such ss	cardiac or i	eapiratory	srrest,	Interval Batween
FICATION	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injection)	tions, odiate	a. Production	ble a	rose per contract of	Sus Pi Ou Pi	the mo	de of dying,	such se	cardiac or i	eapiratory	srrest,	Interval Batween
RTIFICATION	resulting in death) Sequentielly list condit if eny, leeding to imme	tions, oddate ling	a. Production	HOR AS A CONSI	rose per contract of	Sus Pi Ou Pi	the mo	de of dying,	such se	cardiac or i	eapiratory	srrest,	Interval Batween
CERTIFICATION	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odiate in in in in in in in in in in in in in	b. DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri					eapiratory	srrest,	Interval Batween
A L	resulting in death) Sequentielly list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events	tions, odiate in in in in in in in in in in in in in	b. DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri				£1. 24a. W	S AN AUTOP)	_	interval Between Onset and Death Says Well As Death Says Well As Death Says Findings
A L	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odiate in in in in in in in in in in in in in	DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri				t 1. 24a. W	S AN AUTOP:	_	interval Between Onset and Death Solecy Course Autopsy Findings Alaluble Prior To Completion of Cause
A L	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odiate in in in in in in in in in in in in in	b. DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri				t 1. 24a. W	S AN AUTOP	_	Interval Between Onset and Death Source August August August Analusius Prior To
A L	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odiate in in in in in in in in in in in in in	DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri				t 1. 24a. W	S AN AUTOP:	_	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
A L	resulting in death) Sequentielly list condition, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, ediate ing ing ing ing ing ing ing ing ing ing	DUE TO	O (OR AS A CONSI	EQUENCE C	Aus Pri Tru Pri	dertyin		n in Pari	R I. 24a. Wil PE . 1 _ Yi	S AN AUTOP:	_	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
A L	resulting in death) Sequentielly list condit if emy, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injute the initiated events resulting in death) LAST PART II. Other significations of the cause of the c	tions, ediate ing ing ing ing ing ing ing ing ing ing	DUE TO	OR AS A CONSI	EQUENCE C	In the unc	derfyin	g cause give	n in Pari	R I. 24a. Will PE . 1 Yi	S AN AUTOPHER ORMED	_	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
A L	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in desth) LAST PART II. Other significations.	tions, ediate ing ury ST	DUE TO	OR AS A CONSI	EQUENCE C	in the unc	26. Pl	g cause give	I In Pari	R I. 24a. Will PE . 1 Yi	S AN AUTOPHER PRICE 2 NO	SY 24	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other significations are sequentiated in the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of	tions, ediate ing sury strong ant condition	DUE TO B. DUE TO B.	OR AS A CONSI	EQUENCE C	in the unc	26. Pl	g cause give	n in Pari	t I. 24a. Will PE 1	S AN AUTOPHER PRICE 2 NO	SY 24	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other signification in the control of the	ant condition TO MEDICAL Pending Investigation	DUE TO BE CONTributing to HIDEPITAL: 1 Appetral: 288. ORIGINATE (Morth,	On As A CONSI	EQUENCE C	OTHER 4 Murri M OF	26. Pl 1: 28c. IN WC	g cause give	I (Check o	t I. 24a. Will PE 1	S AN AUTOPREORMED) SS 2 NO OW INJURY	SY 24	Interval Batween Onset and Death Solarys WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LASPART II. Other significations and the sequence of the sequ	tions, ediate ing sury strong ant condition	DUE TO B. DUE TO B.	O (OR AS A CONSI	EQUENCE C	OTHER 4 Murri M OF	26. Pl 1: 28c. IN WC	g cause give	I (Check o	t I. 24a. Will PE 1	S AN AUTOPREO MED 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	SY 24	interval Between Onset and Death Solarys Well Burney Strain Solarys Findings Available Prior To Completion of Cause Of Death?
BY PHYSICIAN: MEDICAL	resulting in death) Sequentielly list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other signific. 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	ant condition TO MEDICAL Pending investigation Could not be detarmined	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C.	OF AS A CONSI	EQUENCE C resulting 3 DOA 29b. Till	OTHER 4 Nurs	26. Pl 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	g cause give	I (Check once 5 284)	24a. Will PE 1	S AN AUTOPPREORMED SS 2 NO OW INJURY Treet and Num	OCCURED OF Rural	Interval Batween Onset and Death Solarys WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other signification of the standard of the signification of the significant	tions, date link link link link link link link link	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C. DUE TO B. DUE TO C.	OF AS A CONSI	EQUENCE C EQUENCE C resulting 3 DOA 28b. Tilling	OTHER 4 Mursus ME OF JURY M	26. Pl 1: 1: 1	g cause give	In In Pari	24a. Will per land only one) Other (Specify of Town, City of Town, the cause(a) and the ca	S AN AUTOPPREPARED SS 2 NO OW INJURY Treet and Num State)	OCCURED or Rural stated.	Interval Between Onset and Desth Solution Description
BY PHYSICIAN: MEDICAL	PART II. Other signification of the standard of the signification of the significant	tions, date link link link link link link link link	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO C. DUE TO B. DUE TO C.	OF AS A CONSI	EQUENCE C EQUENCE C resulting 3 DOA 28b. Tilling	OTHER 4 Mursus ME OF JURY M	26. Pl 1: 1: 1	g cause give	In In Pari	24a. Will per land only one) Other (Specify of Town, City of Town, the cause(a) and the ca	S AN AUTOPPREPARED SS 2 NO OW INJURY Treet and Num State)	OCCURED or Rural stated.	Interval Batween Onset and Death Solarys WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other signification of the standard of the signification of the significant	Rions, ediate ing sury strains and condition of the condi	DUE TO BE CONTRIBUTING TO BE CONTRIBUTING TO BE CONTRIBUTION BE CONTRI	OF AS A CONSI	EQUENCE C EQUENCE C resulting 3 DOA 28b. Tilling	OTHER 4 Mursus ME OF JURY M	26. Pl 1: 1: 1	g cause give	I (Check of note 6 286)	t I. 24a. Will PE 1	S AN AUTOPHEO NECES 2 NO OW INJURY Irrest and Num Steley I menner se se, and due t	OCCURED ober or Rural stated. o the cause	Interval Between Onset and Desth Solution Description
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in desth) LASPART II. Other significations and sequence of the sequence	Rions, ediate ing sury strains and condition of the condi	DUE TO BE CONTRIBUTING TO BE CONTRIBUTING TO BE CONTRIBUTION BE CONTRI	OF AS A CONSI	EQUENCE C EQUENCE C resulting 3 DOA 28b. Tilling	OTHER 4 Mursus ME OF JURY M	26. Pl 1: 1: 1	g cause give	I (Check of note 6 286)	t I. 24a. Will PE 1	S AN AUTOPHEO NECES 2 NO OW INJURY Irrest and Num Steley I menner se se, and due t	OCCURED ober or Rural stated. o the cause	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in desth) LASPART II. Other significations and sequence of the sequence	Rions, ediate ing solution in ant condition in anti-personal investigation in anti-personal	DUE TO B. DUE TO B.	OR AS A CONSIDERATION OF INJURY — At I at a consideration of the conside	BOUNCE C EQUENCE C Tesulting 3 DOA 28b. TH No death occur w investigat	OTHER 4 Mura Mark of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on, in my of the Unit on the Unit of the Unit	26. Pl 1: 28c. IN WC 1 Dry, office	g cause give	In Pari	24a. Will PE 1	S AN AUTOPARFORMED) OW INJURY treet and Nun d manner as and due t 29d.	OCCURED stated. o the cause	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

5.

	1 - STATE REGISTRAR	STATE OF N		ERTIF	ICAT	E OF	DEAT	ами г ГН	VIEN IAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE C	OF DEATH			. TIME OF DEATH
	WILLTIAM	C	T.A'R'						MONTH	5		10	1255 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER		7. DATE O			BIRTHPI	LACE (State or Foreign
	214-50-1587	1 X M 2 D F	40	YRS.	MONTHS	DAYS	HOURS	MIN.		- 26 - 4	19	Country)	MD.
	9a. FACILITY NAME (If not institution, give s	street end number)			9b. CIT	Y, TOWN (OR LOCATI	ON OF DE			9c. COUNT	Y OF DEA	
K	INTON MEN OF TAT	TAGE TO THE		BALUIMORE CITY									
5	RESIDENCE OF DECEDENT							CTIP	<u>Y</u>				
H	10e. STATE 10b. COUNT	٧		10c. CI	ry, town	OR LOCAT	TION					1	Od. INSIDE CITY LIMITS?
0	MD			B A	LTI		= , C						YES 2 NO
3AL	100. STREET AND NUMBER					101	. ZIP COD						AT COUNTRY?
FUNERAL DIRECTOR	127 S. EXETER						212					USA	
5	11. MARITAL STATUS 1 X Never Married 2 Married		YES 2 X		13.				ilC ORIGIN1 n, Puerto Ri	(Specify Yealloan, etc.)	or No- 1	Black.	– American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	JF YES, GIVE W	WAR OR DATES			1 YES	2 XNO	Specify	r:			Specify.	BLACK
	15, DECEDENT'S EDU	ICATION	16a DE	CEDENTY	LIGHAL	OCCUPATION	ON		T 10h	KIND OF BUIL	SINESS/INDU		DLACK
E	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ive kind of Do NOT	work done	during mo	ast of working	ng	100.	Kanto or box	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	12th GRADE	College (1-4 or 5	*)	RΔI	TIM	ORF	CIT	v ni	FDT	DIIRI	IC W	ODV	c
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			DAL	1 1 11	UIL				Ilddle, Maiden		UKK	3
O	JOHN CLARK								TRUD		ARK		
BE	19e, INFORMANT'S NAME (Type/Print)		191	b. MAILIN	G ADDRES	SS (Street a	and Numbe	or Aural I	Route Numb	er, City or Tow	n, Stete, Zip C	ode)	21133
2	GERTRUDE FA	ISON											N, MD
	204, METHOD OF DISPOSITION		20b. PLACE	OF DISPO					, DI	20c. LO	CATION - CI	ty or Tow	n, State
	20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 1 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory or V ON PLACE OF DISPOSITION (Name of cometery, cremetory) or V ON PLACE OF DISPOSITION (Name of com												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11/1		22	. NAME A	ND ADDRE	SS OF FA	CILITY				
	author	6-Wa	ulh		W	м.с.	MA	RCH	F.H	. 11	.01 E	. N	ORTH AVE.
	23. PART I. Enter the diseases, or				not ente	r the mo	ode of dy	ing, euc	h ee cerd	lec or reep	iratory arre	nt,	Approximete
	shock, or heart feilure. IMMEDIATE CAUSE (Finel	Liet only one cet	JSO DO OBCO HOC	9.									Onset end Death
	disease or condition resulting in death) a. Resource try Arrest Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. Cryptococcal Meningitis DUE TO FOR AS A CONSEQUENCE OF):												
X	cause. Enter UNDERLYING Presumed ALDS												
H	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):												
토	resulting in death) LAST												
	d												
PHYSICIAN: MEDICAL	PARI 31. Other alignmeant condition	na contributing to	ueeth but not i	gnijiueen	in the t	ınderiyin	g ceuse	given in	Part I.	PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
ă									-	1 TYES	NO		OF DEATH?
Z												1	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL												
2	EXAMINER?	HOSPITAL:			ОТНЕ	ER:			eck only on				
4	1 VES 2 NO	25e. DATE Of	ER/Outpatient 3	28b. TI		_	JURY AT	esidence	5 Other		INJURY OCCL	IBED	· · · · · · · · · · · · · · · · · · ·
	1 Netural 5 Pending	(Month, L			IJURY M	W	YES 2	NO.	100.000	onioe non		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	OF INJURY — At he	ome, farm	street, fa				26f. LOC/	ATION (Street	and Number o	r Aural Ac	uta Numbar
COMPLETED	4 Homicide 6 Could not be	building	, etc. (Specify)	,	,,	,				or Town, State			
E	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowledge de	eath occur	rrad at the	time date	and place	and due	to the cau	te(s) and me	Door se state	4	
MP	one) 2 MEDICAL EXAMIN												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						,	ENSE NU					
BE	Abul mo						A SUL LIV	UN SErve	- Para		DAIE	-17	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Tvs	oe, Print)							11	190
	H.K.Bell 20	1 E. Unive	rsity Par	kwa	4	Bal	himor	c, n	d.	2121	8		
		3. DEGISTA	ars signature	dese	P _i			7		- 1			
	31. DATE FILM AY 1" 0" 1990	1 guno	MIEDON-1/2	,-									

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF HE		REG. NO.		1200	
		1. DECEOENT'S NAME (First, Middle, Last)	BRIDGET BRIDGE	F. CAT	RONA	TROMA	2. DATE OF DEATH 5	/8/90 YEAR	3. TIME OF DEATH	
4		215-74-5377	SEX 6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHE Country M A D	PLACE (State or Foreign YLAND	
	стов	98. FACILITY NAME (If not institution, give street St. Agnes Hospital RESIDENCE OF DECEDENT	and number)		Balti	LOCATION OF DEA		9c. COUNTY OF DE		
	DIRECTOR	Md. BALTIMO	RE		TONSVILL				10d. INSIDE CITY LIMITS? 1 YES NO	
n. ansit permit.	FUNERAL		ltimore, Mar		101. 2	21228		U.S.		
03-3146 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 XNO	If yes, spec	NDENT OF HISPANIC Hy Cuben, Mexican, XXNO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No— 14. RACE Black, Specify	- American Indian, , White, etc. y: White	
212 ital or 1 for u	PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	pleted) college (1-4 or 5+)	Give kind of we life. Do NOT use HOMEMAK		of working	166. KIND OF BUS			
LAP de det	BE COMPL	17. FATHER'S NAME (First, Middle, Last) FRANCESCO ALAG	NA			ANGE		RANELLO		
	TO BE	AGNES R. GAMBIN		315 0	RLEY ROA	D, CATON		LLE, MARYLAND 2122 20c. LOCATION — City or Town, State		
ALTIMORE, I leath. Page 6 may be funeral director, page	must	20a. METHOD OF DISPOSITION \(\begin{array}{ccccc} \text{NC} & \text{Burlel 2} & \text{Cremation 3} & \text{Removal} \\ & \text{Donation 5} & \text{Other (Spocify)} \\ & 21. SIGNATURE OF FUNERAL SERVICE LICENS	from State NEV	ther place)	RAL CEMI	ETERY	BAL	TIMORE, M	MARYLAND	
- 0 =	examiner	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ditto	be .	LEROY 1630 E	M. & RUS DMONDSON	SELL C. WI AVENUE, CA	(TZKE FUN ATONSVILL	ERAL HOMES E, MD.21228	
13146, executed within 24 hours at and completely filled in by to burial, cremation, or rem	traumatic event, the medical	23. PART I. Enter the diseases, or com shock, or heart failure. List immediate General disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	only one cause on each	h line.			Inferred week.	2007	Approximate interval Between Onset and Death	
O. BO certificate nding physic Hyglene pri	or other	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	oh c	curre	versenti	in itsee	use.	
NL RECORDS, P. le law requires that the death has been signed by the atter Dept. of Health and Mental	MEDICAL	PART II. Other significant conditions of						IMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
VITAL SIAN: The land rifficate has he State Deg	or Item 23 s IYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. NANNER OF DEATH	OSPITAL: Inpatient 2 ER/Outpatie		OTHER: 4 Nursing Home	S Residence	6 ☐ Other (Specify)			
O FF sight	Is marked, or D BY PHY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	M 1 Y	IK?	28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)		loute Number,	
OR OH	if Item 28	(Oriboti Ority	N: To the best of my knowled	ge, death occurre			to the cause(a) and man			
TO THE HOSPITAL TO THE FUNERAL De filed within 72.1	IMPORTANT: If Ite	2 MEDICAL EXAMINER:	On the basis of examination a	nd/or investigation	n, in my opinion, de	29c. LICENSE NUM		29d. DATE SIGNED		
223	TO TO	30. NAME AND ADDRESS OF PERSON WHO C	-1-16	H (ITEM 27) (Type,	Print) 3271M	ORE	MO.	9,12	29	
		MAY'1" 01990" gad	32 REGISTRAR SAIGNAT	1						

. •

	ļ
13146,	
S S	
P.0.	
RECORDS, P.O. I	
OF VITAL F	
NOISIN	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by 17 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	the hospital or attending physician.	detached for use as the burial-transit permit. Pages	once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits of the formation or removal	the medium of those are death with the case capt, or reads and injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTA	L HYGIENI	E				
	1. DECEDENT'S NAME (First, Middle, Lest)	Curtis				2. DATE MONTH	OF DEATH		AR	23.37 M		
	4. SOCIAL SECURITY NUMBER 577-54-8020	1 □ M 2 🔀 F 5	(In yrs. lest birthday) IF U	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH h, Day, Year) 1/193	8. B	DIRTHPLA Country)	CE (State or Foreign		
IOR	9e. FACILITY NAME (If not institution, give s Washington Adv				or Location of De na Park	EATH		9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 10b. COUNT Maryland Mor	ntgomery	10c. CITY, TO	OWN OR LOCAT	rion ver Spri	ing			10d	1. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 8830 Piney Brar				20903			10g. CITIZEN Unit		States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPAN pecify Cuban, Maxica 3 2 NO Specify	nn, Puarto I		or No- 14.		American Indian, hita, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16e. DECEDENT'S USU/ (Give kind of work of life. Do NOT use retir	done during mo tired.)	ON ist of working	186	KIND OF BUS	BINESS/INDUST		<u>`</u>		
COMP	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Retired	d	18. MOTHER'S NA		Priva Middle, Maiden					
TO BE	William T. Watk 190. INFORMANT'S NAME (Type/Print) Dorothy: I File		100000000000000000000000000000000000000	TALL TO SERVICE	ahd Number or Rural I	Route Numi		n, State, Zip Cod				
	Dorothy L. Wa 20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LIV	CENSEE STULIAN	5.717	Stew	vart Fu	nera	l Hom	ne		ington, D.		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, euch ac cerdiac or reepiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Approximate interval Between Onset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST BREST (ANCER BREST (ANCER DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL C										ALABLE PRIOR TO MPLETION OF CAUSE OEATH?		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ipatient 3 DOA 4 [THER:	LACE OF DEATH (Ch							
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	F 28c. INJ	JURY AT ORK? YES 2 NO	Y		NJURY OCCUR	ED			
	2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spe-	Y — Al home, farm, street	t, factory, offic	Jan		CATION (Street a or Town, State)	and Number or F	Rural Route	Number,		
COMPLETED	CONSUM OTHY	SICIAN: To the beat of my know IER: On the beele of exemination							luse(s) an	d manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 0 5 0 2 5 0											
5	80. NAME AND ADDRESS OF PERSON WI	AR 7610	CARROLL		1230 MAKOM	A	PARIT	, ~ () 5	0910		
	31. DATE FILED (Month, Day, Year)	July Davidson-A					•					

111

, 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

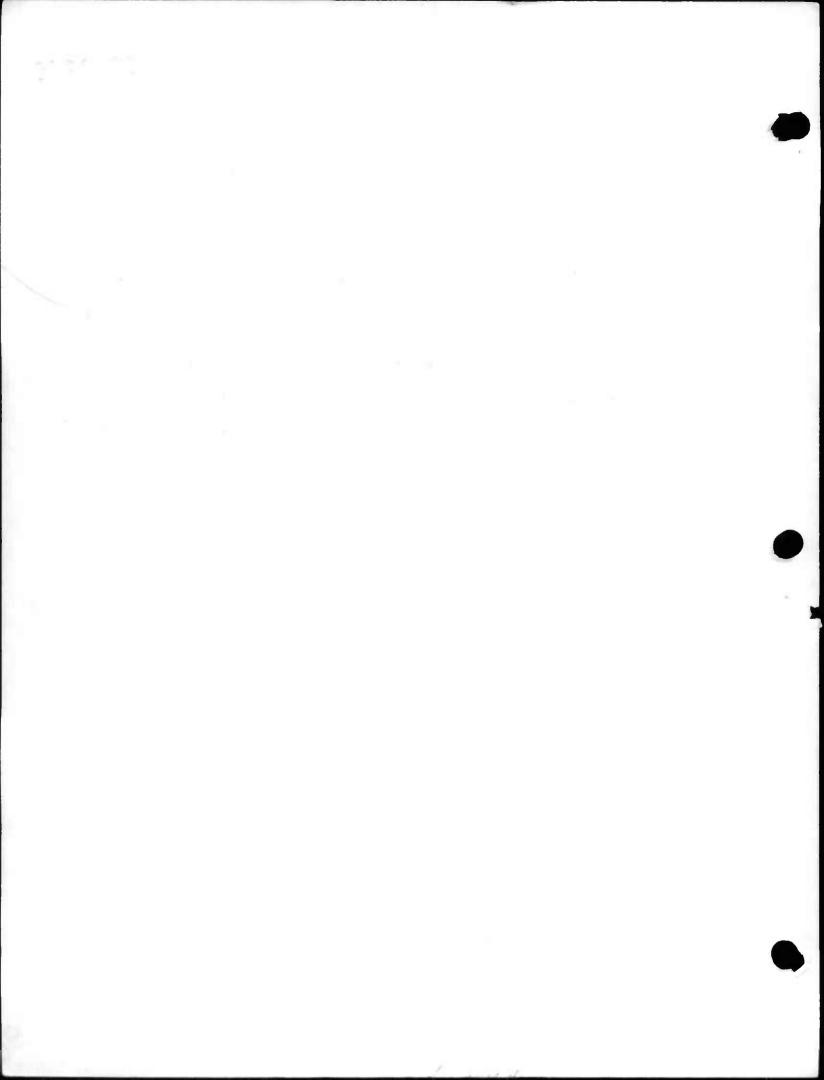
SHE

31. DATE FILED (MC

41	FOR JACK		MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEA	AND I	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) WIT	LIAM	1	CHIL	COT	3			2. OATE OF MONTH	OEATH DA		YEAR 3	TIME OF DEATH a.m.
	4. SOCIAL SECURITY NUMBER 219-07-8769	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Day, Year)	. 1.	Country)	ACE (State or Foreign
			0.5	That.		de de la				26-06		Mary]	
H.	98. FACILITY NAME (If not institution, give str CHURCH HOSPITAL	CODDO	RATION			•	IORE	ON OF DE	EATH			TY OF DEA [IMO]	
181	RESIDENCE OF DECEDENT				2222		10101				ניייייייייייייייייייייייייייייייייייייי	11101	
DIRECTOR	MD Balt	imore Ci	Lty	10c. CIT	Balt	imo							Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER .01 N. BOND STRE	ET					2123					S.A.	AT COUNTRY?
3	11. MARITAL STATUS	12. WAS OECEDEN	TEVER IN U.S. AF	MED		WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN?			14. RACE -	- American Indian.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 1	NO			2XXNO		n, Puerto Ric y:	an, etc.)		Specify: Whi	te
8	15. DECEDENT'S EDUC (Specify only highest grade of		18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON set of world	na	16b. K	IND OF BU	SINESS/INDI	USTRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +) 4-years Dep. Dir. Public Works								Ra	Baltimore City			
N.	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)												
	William R. Chilcote Florence Elizabeth Hatte									Hatte	n		
BE													
2		Mr. Calhoun Bond 1300 Blaustein Building 1 N. Charles Str								ITimo Stre	re, Md. et'21201		
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Ramo	and from State	20b. PLACE other p	OF DISPO						7	CATION —		
	4 Donation 5 Dother (Specify)		_	Wood.	Lawn	Cem	eter	У		Wo	odlaw	n, Ma	ryland
	21. SIGNATURE OF TUNESTAL SERVICE LICE		/		22.	NAME A	ND ADDRE	SS OF FA	CILITY E	Burge	e-Hen	ss Fu	meral Home
	Tym	Burg	ee Den	ss	36	531	all:	s Ro	ad, Ba	_			
	23. PART I. Entar the diseeses, or conshock, or heart failure. L				not ente	the mo	da of dy	ring, suc	h ss cardis	c or resp	iratory sm	est,	Approximate Interval Between
	diseese or condition CHOTANTCTO CARCTNOMA WITH ORSEDICTIVE									Onset and Death			
	resulting in death) a. CHOLANIGIO CARCINOMA WITH OBSTRUCTIVE Due to (or as a consequence of):												
z	TAUNDIGE												
CERTIFICATION	Sequentially list conditions, If eny, leading to immediata												
<u>8</u>	Cause, Enter UNDERLYING CAUSE (Disease or Injury												
盲	that initiated events resulting in daeth) LAST	DUE IC	(OR AS A CONSE	QUENCE C	MF):								
問		l											1
4	PART II. Other significant conditions	contributing to	death but not	resulting	In the u	nderlyln	g cause	given in	Part I.	4a. WAS AN			VERE AUTOPSY FINDINGS
8									_	1 YES	2 🔲 NO		OMPLETION OF CAUSE OF DEATH?
MEDIC/		-						_	_			1	YES 2 NO
	<u> </u>												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C)	neck only one				
YSI	1 YES 2 NO	1 M Inpatient 2	☐ ER/Outpatient	_	4 🗆 Nu		ne 5 🗆 F	tesidence	6 🗆 Other				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O	F INJURY Day, Year)	26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE\$0	RIBE HOW	INJURY OCC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, fac				261. LOCA	TION (Street	and Number	or Flural Ro	rte Number,
Ш	4 Homicide determined	building	etc. (Specify)						City of	Town, State	,		
COMPLET	290. CERTIFIER (Check only		-					,					
000	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/or	investigati	on, in my	opinion,	desth occi	ured at the	time, data a	nd place, a	nd dua to th	e cause(a)	and menner as stated.
l w	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NU	MBER		29d. DATI	E SIGNED	Month, Day, Year)
6	- The straight	י עח	Y.K. SI	IETT	Y						> 5	16	11990.

HOSPITAL

HOSPITAL



129	2	
Spi	hed	-1
e 1	etac	2
5	0	0
d b	D	9
ine	20	9
reta	S	100
3	8	9
TIRY	2	15
9	8	1
300	ig.	6
ď.	100	를
deat	\$	Xa
ter	the year	760
Saf	五萬	음
JOOR	d in	Ē
1	fille on.	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be find within 72 hours after death with the State Dect. of Health and Mental Horiene orior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
With	cref	en/
ted	COT	6
GCU	Pa	黄
8	E 9	통
te b	Sici	E
ifica	£ 5	per
cert	ding	0
ath	Tten Tal H	0
de	Aen A	5
#	th bu	三
thal	bd th	any
89	eaft	2
nba	en so	ě
W	9 6	8
e e	has	1 2
Ē	cate	Te II
JAN	rtifi he S	0
Sic	S Ce	ď,
F	THE REAL PROPERTY.	arke
ING	After	Ē
S	R. A	50
A T	8	28
AC.	JIRE MICE	E
A.	1 L C	1
PIT	ER in 7	-
Š	FUN	MM
포	무절	HO
0	0 4	M M
_		-

	FOR STATE REGISTRAR	STATE OF N					EALTH A		ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) JESSE W.	DAVIS	SR.						2. DATE OF DEATH	š 19	950	3. TIME OF DEATH 10:45 a.m.
ļ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER 2	24 HRS.	7. OATE OF BIRTH		e guptu	DI ACE /State or Formion
	219-38-9588	1 💢 M 2 🗌 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	05"/13"/4	0	Country	MD.
H	9a. FACILITY NAME (If not institution, give str JOHNS HOPKINS I						R LOCATIO		тн	9c. COUN BAI		ORE CITY
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN C		E, C	ΙΤΥ				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	TA CIDE				101	ZIP COOE	0.5				HAT COUNTRY?
NE I	508 N. MADERI				T		212			V	SA	
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 X	RMED NO		If yes, sp		, Mexican,	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No—	Black	, — American Indien, , Whita, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(G	CEDENT'S live kind of a Do NOT us	USUAL Of work done (se retired.)	CCUPATIO	N st of working	7	16b. KIND OF BUS	INESS/INDU	JSTRY	
2	9th GRADE	College (1-4 or 5 -		NITA	TIOI	N W	DRKE	R	BALTO.	CIT	Y S	ANITATION
Š	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAMI	E (First, Middle, Malden			
BE (JESSIE DAVIS						J	OSEP	HINE M	ILLEI	R	
2	19a. INFORMANT'S NAME (Type/Print)		19						ute Number, City or Town			1005
	MARION DAVI	1.2	20b. PLACE						BALTO	CATION — C		
	1 Daniel 2 Cremetion 3 Remo	oval trom State	other p	laca)			1ETEI			TIM		. 11077
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	_				ID ADDRES					
	Francis	1/1	e~>		MI	М. (C.MAI	RCH	F.H. 110	01 E	. N(ORTH AVE.
	23. PART I. Enter the diseases, or complications that caused the death by not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) e. Reprinting in death) e. Reprinting in death)											
	resulting in death)	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									
N N	Sequentielly list conditions, DIETO OR & A CONSPONENCE OF:											
AT	Sequantielly list conditions, lif any, leading to immediate cause. Enter UNDERLYING											
음	CAUSE (Disease or injury that initieted events	SE (Disease or injury 6.										
CERTIFICATION	resulting in death) LAST	d										-
0	PART II. Other significent conditions	s contributing to	daeth but not	resuiting	in the ur	nderlyln	g cause g	iven in P			24b.	. WERE AUTOPSY FINDINGS
2									PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
ä												
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Chec	ck only one)			
IYS	1 YES 12 NO 27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIR	_	28c. IN.		7.	Other (Specify) 28d. DESCRIBE HOW I	N III BY OCC	TIBED	
	1 Netural 5 Pending	(Month, D			JURY	WC	RK7		288. DESCRIBE NOW I	NJUNY OCC	UNEU	
TED BY	2 Accident irrestigation 3 Suicide S Could not be detarmined	28a. PLACE C building,	ome, ferm,	M 1 YES 2 NO				28f. LOCATION (Street a City or Town, State)	and Number	or Rurel F	Route Number,	
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of	my knowledga, d	eath occur	red at the t	ilme, deta	and placa,	and due to	o the cause(a) and mer	ner ee state	ed.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beals of e	xamination and/or	Investigati	on, in my o	opinion, d	eath occur	ed at the ti	lme, data and place, an	d due to the	e cause(s	e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Los &	ella	m	/		29c. LICE	NSE NUME	DER	29d. DATE	SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU				11-	Aki	105	thesix	1	0	

32. REGISTDAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
5 MAY 19 (1990)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH CATE OF DEA		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH		3. TIME OF DEATH A M
. 1	MI	ACED	DA	ILEY	SR	5/8 /90	YEAR	11 30 %
	4. SOCIAL SECURITY NUMBER	p		IF UNDER 1 YEAR IF UNDI		Month, Day, Year)	8. BIR' Cour	THPLACE (State or Foreign
	224-16-4785	1 D/M 2 0 F 6	X YAS.			4/12/1	558	V.A.
œ	9a. FACILITY NAME (If not institution, give a			b. CITY, TOWN OR LOCA			9c. COUNTY OF	DEATH
2	RESIDENCE OF DECEDENT	m ARIAN M	05/11/19	Ister	7010	116		
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION				10d, INSIDE CITY
ā	mn -			BANTIMO	nt			1 VES 2 NO
₹	100. STREET AND NUMBER	Rd.		101. ZIP CO				WHAT COUNTRY?
FUNERAL	1350 PETTWO	od ATO			1230		Mi;	Sift.
- 2	11. MARITAL STATUS 1 Never Married 2 America	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify Cul	ban, Mexican, F	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No— 14. RA Bia	CE — American Indian, ick, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ALER .	1 U YES 2	O' Specify:		11	gaty:
COMPLETED	15. DECEDENT'S EDU (Specify only bighest grade	ICATION	18e. DECEDENT'S U	SUAL OCCUPATION rk done during most of work	kina	16b. KIND OF BUS	INESS/INDUSTRY	700
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use		bor,			
P P			Katined	-DeTh-51	ec/			
-	17. FATHER'S NAME (First, Middle, Last)	DAiler	/	18. Mg	THER'S NAME	(First, Middle, Meiden S	Symame)	,,,
BE	19a. INFORMANT/S NAME (Type/Print)	Dillex	19b. MAILING A	DDRESS (Street and Numb	OS CA	te Number 3 Frum	, State, Zip Code)	
임	Genevo	DAILEY	155	o Dent	11110	Add.	100/10	Md. 1128
	20e. METHOD OF DISPOSITION	906	PLACE OF DISPOSE	TION (Name of cemetery, or	ematory or	20c. LOC	ATION — City or	Town, State
	1 Sourial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	IOVAI ITOMI STATA	WilAnes	VAL. ME	M. 64	urder 12	38/11.	ma
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	10	22. NAME AND ADDE	RESS OF FACIL	JTY		
	Betts Fr	yrenal 1	tome	1/29/	V.C	Holin	c 5+	
	23. PART I. Enter the disesses, or shock, or heart failure.	complications that caused	the death. Do no	t antar the mode of d	lying, such s	e cerdiac or respir	ratory srrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	- 1						Onset and Daath
ı	disesse or condition resulting in death)	· (ARD)	CONSEQUENCE OF	ANIOST				
_				c INFAR	0770	. 1		
RTIFICATION	Sequentially list conditions, If any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	- 1301/11	2110			
CAT	csuse. Enter UNDERLYING CAUSE (Disesse or Injury	· HEM	DRRAL	9 GIC SI	40 CK	2.		
	that initiated events resulting in death) LAST							
CER	Tooding in death) Exo	d. KOP10	NOD.	ABDOMIN	MIL	70M1(1)	TOUNY!	7,
AL	PART II. Other significant condition	ns contributing to death b	ut not reaulting in	the underlying cause	given in Pa	rt I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2		HYPENTE	TUSION	/		1 TES 2		COMPLETION OF CAUSE OF DEATH?
						_ /		1 YES 2 NO
BY PHYSICIAN: MED		T 4 02 D 614						
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	DEATH (Check			
<u>≅</u>	27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outp 28s. DATE OF INJURY	28b, TIME	OF 25c, INJURY AT	-	6d. DESCRIBE HOW IN	JURY OCCUREO	
۲ <u>۱</u>	1 Natural 5 Pending	(Month, Day, Year)	เหมีย	M 1 YES 2				
ED B	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, office	20	61. LOCATION (Street a City or Town, State)	nd Number or Rura	If Route Number,
	4 Homicide determined		"					
PL		SICIAN: To the best of my know	ledge, death occurred	at the time, data and ple	ce, and due to	the cause(a) and man	ner as stated.	
COMPLE	one) 2 MEDICAL EXAMIN	ER: On the beels of examination	n and/or investigation	, in my opinion, death occ	cured et the tim	ne, data and place, and	d due to the cause	e(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R 0 . /	0	29c. U	CENSE NUMBE	R	29d. DATE SIGNI	ED (Morets, Day, Wast)
0	Municipal of the same of the s	Me			156	53	0/8/	170
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, I		5 nu	61 DO ~		0250
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	IST UNITED THE	JAC DIK	a BACIT	nort	6147
	5/8/30	MAY1 01990	garante	widow Adrylass	2			

Otto Carlo C	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DISCONDING STORY OF THE STORY O	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	FOR 1 STATE	STATE OF I	WARYLAND_/	DEPAR	RTMENT C)F HI	EALTH	AND I	MENTAL HYGIEN	ΙE	9	0 120
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICATE	OF	DEAT	ГН	REG. NO		WEAR	3. TIME OF DEATH
	Edith Laine D 4. SOCIAL SECURITY NUMBER 327-40-2298	owling 5. SEX 1 M 2X F	6. AGE (In yrs. les	l birthday)	IF UNDER 1 Y	EAR AYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/15/05		Country	PLACE (State or Foreign ginia
OR	9a. FACILITY NAME (If not institution, give Broadmead	street and number)			96. CITY, TO					9c. COUNTY OF DEATH Baltimore		
DIRECTOR	Md. Bal	timore			ockeys					10d, INSIDE CITY LIMITS? 1 \(\text{YES} \) 2\(\text{Y} \)		
	100. STREET AND NUMBER 13801 York Road				We would be a second of the se							States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. AR I YES 2 X MAR OR DATES		ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. R If yes, specify Cuban, Maxican, Puerto Rican, etc.)						14. RACE Black,	- American Indian, White, etc.	
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College 1-4 or 5+) 5+ 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Medical Tech. 16b. KIND OF BUSINESS: Medical Tech.									IDUSTRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Elliott								ME (First, Middle, Maiden Tie Belle			
IO B	19a. INFORMANT'S NAME (Type/Print) Dr. Harry Filmor	e Dowling			ADDRESS (S				Route Number, City or Tow 10 Cockey			d 21030
	20s. METHOD OF DISPOSITION 1 Duriel 2X Cremation 3 Real		other pl	ece) _	esition (Name	ry			7.		ONSVI	ile, Md.
	22. NAMĚ AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Inc. 10 W. Padonia Road Timonium, Md 21093											
	23. PART I. Enter the diseasea, or complicatione that caused me death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, about a heart feliure. Liet only one cause of as the line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to jor as a consequence of:											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ASCVD DUE TO (OR AS A CONSEDUENCE OF): c. DUE TO (OR AS A CONSEDUENCE OF):											
HYSICIAN: MEDICAL C	Complete CHF A	Recent of Milal	Block FB	k K	in the under	10	Ce be	men in	Port I. 244. WAS AN PERFO	PIMEDT		WERE AUTOPEY FINDINGS AMALAIRE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 440
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400	HOSPITAL:	EN/Outpellent 3	C DOA	OTHER:	26. PL	-		6 C Other (Specify)			
E	27, MANNER OF DEATH	28a, DATE O	F INJURY	280. TH	-		TA YRS		26d. DESCRIBE HOW	INJURY O	CCURED	

28C INJURY AT WORK? 1 Annural
Accident 5 Pending Investigati See PLACE OF INJURY — At home, farm, street, fectory, office building, str. (Specify) 5 Delcide 28f. LOCATION (Street and Number or Hurst Hauts Number, City or Town, State) 4 | Homicide 12 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

286. SIGNATURE OND TITLE OF CENTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28s. DATE OF INJURY (Month, Day, Year)

July Devistran's SHOW HARE

SO	용	es
9	deta	000
b fc	90	75
Pe	plu	9
tain	sho	=
9	6.5	E I
ay b	pag	9
E	tor,	5
96	lirec	E
2	100	ile in
earth	lune fune	Cam
9 10	the the	8
s aft	by	dlea
OUL	d in	me
47	filler	he
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	lely	1,
With	plet	Le le
page	COT	6
noe	Dug.	ati
83	an a	5
de t	Sici	t
ifica	Page a	her
193	ding	0
utte	tal 1	0 ,
e de	Men a	5
5	by t	-
tha	per th	8
lires	Sign	M.
requ	neen	sho
A.B	as b	23
2	e ha	E
Z	Reat	=
SE	the state	0
ES.	nis di	9
0.5	the th	au
NO	After	-
TEN	DR.	00
AT	REC!	2 2
9	0	5 0
K	五	1
88	JNE	N
I	1	E
	W T	3 th
푸	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be set activities of the complete of	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DAWAY "1" 1990

	1 - STATE REGISTRAR	TE OF MARYLAND		ITMENT OF H				GIENE				
	1. DECEDENT'S NAME (First, Middle, Last) PETER GEORGE E	NGLISH SR.					2. DATE OF D	DAY	3. TIME OF DEATH 4:58 P M			
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and BALTIMORE COUNTY GEN	8. AGE (In yrs. le M 2 F 63	YRS.	MONTHS DAYS 9b. CITY, TOWN C		MIN. N OF DE	7. DATE OF BI (Month, Day, 05-12	RTH Year) -26	8. BH Co N.	BIRTHPLACE (State or Foreign Country) CAROLINA		
	10a. STATE 10b. COUNTY MARYLAND	_		Y, TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 X Yes 2 \(\square\) NO		
	10e. STREET AND NUMBER 5315 ST. ALBANS WAY 11. MARRITAL STATUS	AS DECEDENT EVER IN U.S. A	RMED	13. WAS DEC	ZIP CODE 212	12 F HISPAN	IIC ORIOIN? (Sp	ecify Yee or	U.S.A	OF WHAT COUNTRY?		
В	1 Never Merried 2 Merried IF 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complet	YES, GIVE WAR OR DATES	ECEDENT'S	1 TYES	2 💢 NO	Specify		WHITE				
COMPLETED		ge (1-4 or 8+)	OCKBR				INST	INSTITUTIONAL INVESTMENTS				
85	GEORGE A. ENGLISH 190. INFORMANT'S NAME (Type/Print)	1,	Do MAILING	ADDRESS (Street o	BES	SSIE	LAZ	OS				
10	CHARLOTTE ENGLISH 5315 ST. ALBANS WAY BALTIMORE, MD 2121											
	20. METHOD OF DISPOSITION Magurisi 2 Cremetion 3 Removal fro 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNEPAL-SERVICE LICENSEE William R.	ST, D	AVID'	S CHURCH	CEMI	ETER	CILITY 49	WAYNE		COAD 21212 BALTO.MD		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. DD not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.								UTOPSY ED? NO	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IYSICIAN	1 YES 2 NO 1 1	SPITAL: npatient 2 - ER/Outpatient 18s. DATE OF INJURY		OTHER: 4 Nursing Non	10 5 🗆 Re				OIPL			
В	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	acel comp	To the best of my knowledge, the basis of examination end/o								se(e) and manner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF REISON WHO COM	Thun 1	~	2	29c. LICE	D L	bbb		≥ 5.	NED (Month, Day, Year)		

DHMN-18 Rev 1/89

THE YAM

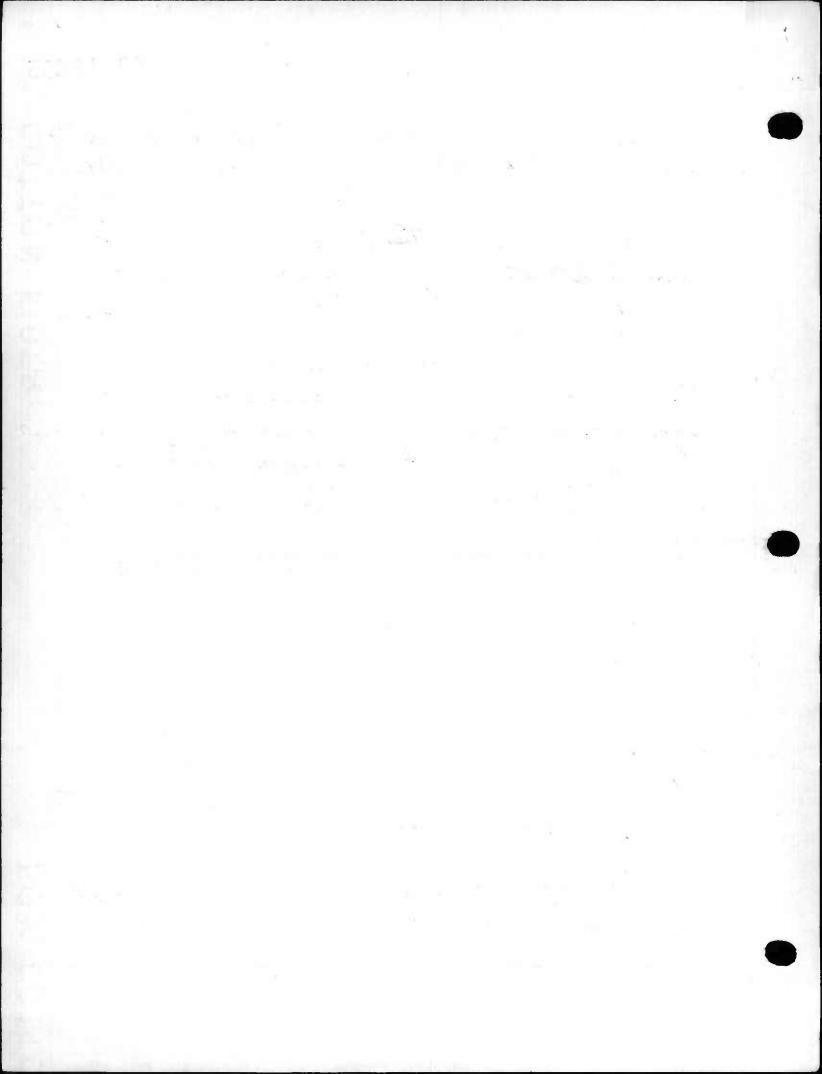
Carla S. Alexan
31. DATE FILEO (Month, Day, Year)
MAY 1 0 1990

Alexander

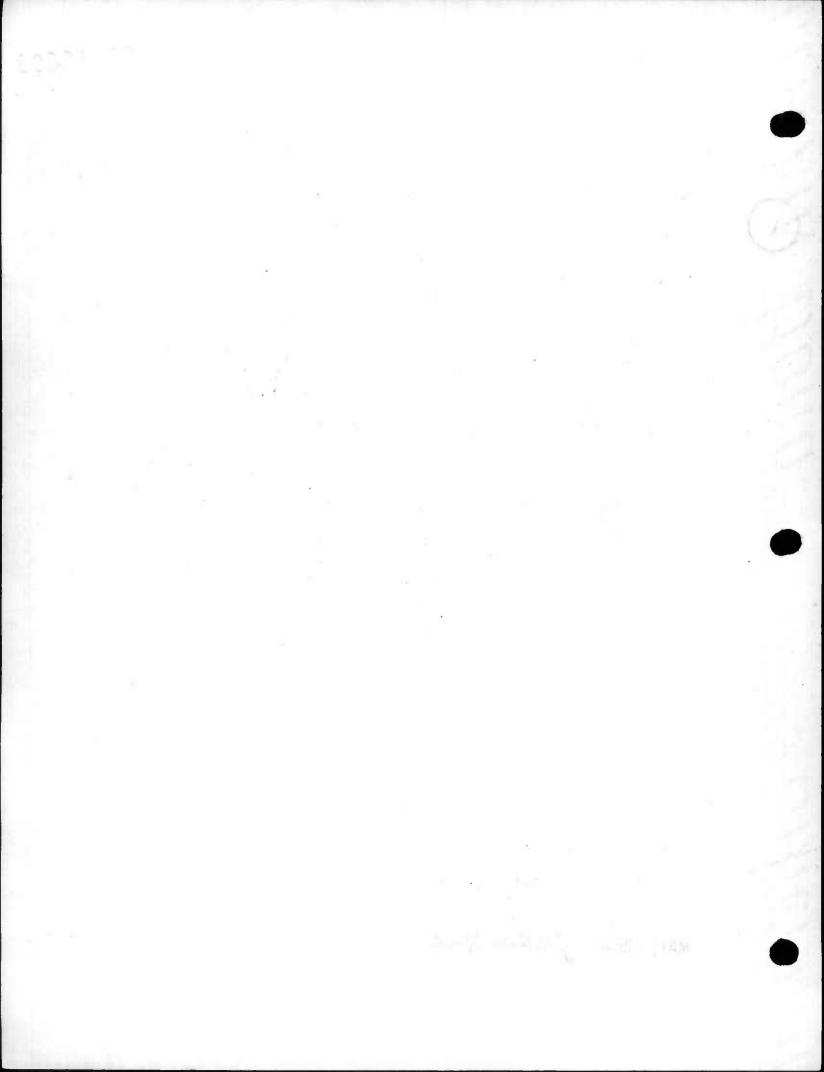
32. REGISTBAR'S SIGNATURE TO SER

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last) Me.lesza.	nda	Ed	mond	2. DATE OF DEATH MONTH	2 9	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 216 54 2887	1 - M 2 X F	(In yrs. last birthday) IF I	JNDER 1 YEAR IF UNDER 24 HRS THE DAYS HOURS MIN	Alfanth One Wood		BIRTHPLACE (State or Foreign Country) AL						
OR	9s. FACILITY NAME (If not institution, give Stella Maris Ho RESIDENCE OF DECEDENT	· · · · · · · · · · · · · · · · · · ·	96.	TOWSON	DEATH	Balt	of DEATH Limore						
DIRECTOR	10a. STATE 10b. COUNT	TY		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 PES 2 NO						
FUNERAL	323 E. 20	H 3+	3757.1	10f. ZIP CODE 2/2/8	,	10g. CITIZEN	OF WHAT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Criban, Mer 1 YES 2 NO Spe	ticen, Puerto Ricen, etc.)								
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work- life. Do NOT use ret Adm 155	done during most of working ired.)	16b. KIND OF BU	SINESS/INDUST							
BE CON	17. FATHER'S NAME (First, Middle, Last) Charlie Gi	ceen			NAME (First, Middle, Maiden	Surneme)							
10 B	DALAPHINE GREE	N & MACY JO	196, MAILING ADD	BRESS (Street and Number or Ru 3808 Syl	VAN Drive	vn, State, Zip Coo	alto. M12120						
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rec 4 Donation 5 Other (Specify)	moval from State	other place) Arb	utus Men.	PK BF	CATION - CHY	or Town, State						
	21. SIGNATURE OF PURCHAL SERVICE A	Spour		22. NAME AND ADDRESS OF	20 F. H. 120	06 (0)	North Hoe						
	23. PART I. Enter the diseases, of ahock, or heart feliure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cause on	each line.	inter the mode of dying, a			Interval Between Onset and Death						
ATION	Sequentieily liet conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):										
CAL	PART II. Other algnificent condition	ons contributing to death	PERFO	i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMULABLE COMPLETION OF GEATH 1 YES									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O	ce 6 Other (Specify) 28d, DE\$CRIBE HOW	Other (Speelly) Hospice DESCRIBE HOW INJURY OCCURED									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Hornicide determined	28a PLACE OF IN BU	RY — Al home, farm, stree	M 1 YES 2 NO	261. LOCATION (Street City or Town, State		Rural Route Number,						
COMPLETED	and and			the ilme, date end place, and			ause(s) and manner as stated.						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	An ale	Kande	29c. LICENSE D 270		29d. DATE 8	GNEO (Month, Day, Year)						
-	30. NAME AND AGORESS OF PERSON V	THU COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prir	()									

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204



1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIEN REG. NO								
	1. DECEDENT'S NAME (First, Middle, Last) MONTO!	Flaherty		5 8	101							
	4. SOCIAL SECURITY NUMBER 2/7-67-/82E 9a. FACILITY NAME (If not institution, give sti	8. SEX 6. AGE (to pre, less betholey) 1 2 3 7 YHS.	MONTHS DAYS HOURS MIN. 9b. CITY, JOWN OR LOCATION OF E	7. DATE OF BIRTH (Mgrith, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 9c, COUNTY OF DEATH							
DIRECTOR	LI DERTY /	Medrene CH	DALLO	ZEATH	SC. COUNTY OF BEATH							
. 10	10e, STREET AND NUMBER	BATTO 10c. CI	TY, FOWN OR LOCATION		10d. INSIDE CITY LIMITE? 1 ☑ ES 2 ☐ NO							
FUNERAL	333 HAMI	Em An E 12. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE	ANIC OBIGINS (Specific Ve	a or No- 14, RACE — American Indian.							
BY	1 Never Married 1/2 Married 3 Widowed Divorced	FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic 1 YES 2 ANO Spec	en, Puarto Rican, atc.)	Block, White, etc.							
PLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		S USUAL OCCUPATION work done during most of working use retired.) Of A	16b. KIND OF BU	SINESS/INDUSTRY							
E COMPL	17. FATHER'S NAME (First Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden	Surname)							
TO B	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) White Manual Complete Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	de de la DISPOSPTION 2 d'uniel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		nt, Ben	1	Olltenice							
	22. NAME AND ADDRESS OF FACILITY (ILLIAN SERVICE VICENSEE) 22. NAME AND ADDRESS OF FACILITY (ILLIAN SERVICE) 340 5 W Transless St. St. St. St. St. St. St. St. St. St.											
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	B. DUE TO (OR AS A CONSEQUENCE OF	1	occal se	Interval Betwonset and Do							
ERTIFI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. OUE TO (OR AS A COMSEQUENCE OF):											
4: MEDICAL C	PART II. Other algnificant condition	ART II. Other algnificant conditions contributing to leath but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA	26. PLACE OF DEATH (COTHER:									
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year) 28b. Til			d. DESCRIBE HOW INJURY OCCURED							
8	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	The state of the s	CIAN: To the basis of my knowledge, death occur is On the basis of examination and/or investigat										
BE	299 SASSATURE AND TITLE OF CANTIFIES	Samo	29c. LICENSE N	9269	29d. DATE SIGNED (Month, Day, Year) 5-8-90							
10	GREGON S.	CONSISTED CAUSE OF DEATH (ITEM 27) (7)	Liberty Med	cal Ce	de							
	MAY 1 U 1990 Su	La Daydon-Handala	/									



	_
	ᇴ
	notified
	pe
	must
-	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a
death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
ion,	her
nati	
Crer	even
buria	affe
2	Ĕ
prior	T
ygiene	other
I	0
Menta	njury,
and	×
들	2
¥	3
ō	S.
Dept.	23
State	Item
the .	0
vith t	ed,
ě	ark
deat	E

31. DATE FILED (Month, Day, Year) MAY 1 0 1990

	FOR	CTATE OF MA	ADVI AND /	DEDAG	TAGENI	. 05 111	FAITH	AND	AFNTA.	LUVOIEN	-		1269
	1 - STATE REGISTRAR	STATE OF MA				E OF			VIENIA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) EVA MAE GRESS 2. DATE OF DEATN MONTH DAY YEAR 5 9 90												3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	7	_	1213 M
	218-09-0757	1 🗆 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	10/6	h, Day, Year)		Count	RYLAND
	9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY	, TOWN O	R LOCATION	ON OF DE		,	9c. COU	NTY OF E	
DIRECTOR	St. Agnes Hos	RE											
E C		OUNTY		10c. CIT	Y, TOWN	OR LOCATI	ION						10d. INSIDE CITY
	MARYLAND	BALTIMORE			CATO	ONSVI	LLE						1 - YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP COD						WHAT COUNTRY?
買	23 SHADY NOOK				1		212					S.A.	<u>-</u>
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 XN				city Cuba	n, Mexica	n, Puerto	i? (Specify Yea Rican, etc.)	or No—	14. RAC Blac Spec	E — Americen Indien, k, White, etc.
8	15. DECEDENT' (Specify only highest	S EDUCATION	16a. DEC	CEDENT'S	USUAL O	CCUPATIO during mos	N at of workin	202	186	. KIND OF BUS	SINESS/INC	USTRY	
COMPLETE	Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	LES I	se retired.)	during mos	94 OF WORALI	9		DEPART	MENT	STO	RE
S S	17. FATNER'S NAME (First, Middle, La	est)					16. MOT	HER'S NA		Middle, Maiden			
BE 0			ER					SOPI		WICK			
2	190. INFORMANT'S NAME (Type/Print RICHARD E. GRE		196			Live in				Der, City or Town			21228
	20e. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 1 N. Burlet 2 Cremeton 3 Removal from State of the Company of 20c. LOCATION — City or Town, State												
	4 Donetion 5 Other (Specify 21, SIGNATURE OF FUNERAL SERIO)	CREST	LAW				20 05 50	OII 1774	MARI	RIOTI	SVI	LLE, MD.
	21. SIGNATURE OF FUNERAL BERDICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228												
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):								110	2			Onset and Death
_		_	OR AS A CONSEC	DUENCE O	F):	Ma	400		(-	be bro	tus		2 H
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (C	OR AS A CONSEC	QUENCE O		00	Kc	V?					2/2
RTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C. DUE TO (C	OR AS A CONSEC	DUENCE O	F):	1000							
CE	PART il. Other aignificent con	aditions contributing to d	leath but not n	neulting	In the u	nderiving		alven in	Part I	24a, WAS AN	ALITOPEV	24	b. WERE AUTOPSY FINDINGS
EDICAL		•								PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E										1 TYES 2	NO		OF DEATH?
. M													
SICIAN:	25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL HOSPITAL:					ACE OF D	EATN (C)	eck only o	ne)			
YSI	1 TYES 2 THO	1 inputient 2		·		rsing Nome		esidence		er (Specify)			
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investig			28b. TII	ME OF JURY M		URY AT RK7 /ES 2 [_ NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
ETED B	3 Suicide 6 Could r 4 Nomicide determi	26e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, ferm,	street, tec	ctory, office				CATION (Street or Town, Stets)		r or Rumi	Route Number,
COMPLE	one)	PNYSICIAN: To the best of n											(e) and menner ee stated.
BE C	29h. SIGNATURE AND TITLE OF CE	of Janet	20	olh			390 LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Money Day, Year)
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CADS	OF DIVITH (ITE	M 27) (Tvn	e Print)							_	110

DNMH-16 Rev 1/89

The second of the SAM

3. TIME OF DEATH

NORTH CAROLINA

21084 Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

620BOULTON ST

8:10 am

1 - FOR STATE REGISTRAR

HIRAM

1. DECEDENT'S NAME (First, Middle, Last)

Clifton

•	8	die
Ď	ter	鲁
	60	3
	200	.5
	JIC.	8
	R	4
2	vithin	oletely
1	rted v	E00
2	exect	and
<	8	10
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after de	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi
j	Certi	ding
Ľ	death	after
ה	P	the
Ĵ	at t	3
Ę	£	9
3	ires	Sig
Ĺ	redu	need
_	W.	SS
7	Je	a P
ì		cat
>	A	들
L	Sic	පි
)	E	this
-	9	Je.
5	á	A
0	E	DR:
	A	5
	8	DIR
-1	AL	ME

2

Sco

	4. SOCIAL SECURITY NUMBER 212-09-	-	5. SEX	6. AGE (In	yrs. lest b		F UNDER 1 Y	EAR AYS	IF UNDER 24	MIN	DATE OF E	y, Year)	- 1	Country)	1	e or Foreign			
R	9a. FACILITY NAME (If not in	nstitution, give st				/ 1	BEL	OWN O	R LOCATION	OF DEATH	14-3		9c. COUNT		ATH	arolu			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY		v & C C C			TOWN OR			7 / /	10d. INSIDE CITY								
뜅	Maryland		Harford	Ē			Jan	rre	ttsv	illi	e			- 1,	LIMITS	2 TNO			
	10e. STREET AND NUMBER	~			0 0,2	-	ZIP CODE		<u> </u>		10g. CITIZ								
R/	3765 Salem Church Road 21084											UNIT	LA	511	GTES				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN	U.S. ARME 2 PAO	ED	If y	es, spe	ENDENT OF H	HISPANIC (ORIGIN? (S		or No-		ACE — American Indian, ack, White, etc.				
ETED		CEDENT'S EDUC by highest grade			(Give		SUAL OCCI rk done duri retired.)		N st of working		16b. KIR	ID OF BUS	INESS/INDU	ISTRY	***************************************				
COMPLET	11	,		<i>"</i>		Fa	rmer	•				F	armi	n <i>p</i>	Cr.				
S S	17. FATHER'S NAME (First, A	fiddle, Last)				100			16. MOTHER	R'S NAME	(First, Midd			4.4.25					
О	William	Am	edius	ar	eene					Mat	tie	T	llen	(Seu d	ill			
0	19a, INFORMANT'S NAME (Julius	AT.			DDRESS /S	Street A	nd Number or						10.00				
임	Dean C.		0						tree		- 111.		ord.	9.5	0	1160			
				200					netery, cremato		AAIIT		CATION — C			1100			
	20 METHOD OF DISPOSIT 1 Burial 2 Cremati 4 Donation 5 Othe			other place	9)	vill	Le	Ceme	ter		110	rett		11421	Md.				
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville, Maryland 21084																		
ERTIFICATION	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):																		
ပ၂	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE.												PRIOR TO						
: MEDICAL	Dementia 1 YES 2) (NO												OF DEATH?						
CIAN:	25, WAS CASE REFERRED	TO MEDICAL						26. Pt	ACE OF DEA	TH (Check	only one)								
딣	EXAMINER?		HOSPITAL:	ER/Outpu	ntient 3	DOA S	THER:		e 5 🗆 Rask			omo/fid							
PHYSIC	27. MANNER OF DEATH		28a. DATE OF			28b. TIME	-		URY AT				NJURY OCC	URED					
BY PI	1 Netural 5 2 Accident	Pending Investigation	(Month, E			INJU	RY	WO	PRK? YES 2 1			''0							
0	3 Suicide 6 Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office 286. LOCATION (Street and Number or Flural Floure building, etc. (Specify)									ute Numbe	94,								
COMPLET	one)		CIAN: To the best of												and mann	or as stated			
- 1	29b. SIGNATUBE AND TITL			111-511-52					29c. LICENS					SIGNED (
BE	117	/	M	MD							52	6		5-7					
0	1 14	azzes	/	1111					P	1/4	-4		-	- 7	- 70				

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Davidson Mandall

HASWELL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EENE

2. DATE OF DEATH

05

07

1990

and the second *3x* · 100 1 27 3/1 20 22 100 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAY 1 0 1990

32. REGISTRAR'S SIGNATURE

•	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
ı	1. DECEDENT'S NAME (First, Middle, Last)	t)			2. DATE OF DEATH MONTH DAY	YEAR 3. TO	ME OF DEATH		
	Martha	HOOPER	Horn	e	5-8-90 DAY	TEAM	5:15PM M		
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLAC Country)	E (State or Foreign		
	212-50-1655	1 🗆 M 2 💢 F	46 YRS.	THS DAYS HOUNE MIN.	JAN. 8,194		MD.		
	9e. FACILITY NAME (If not institution, give s		9b.	CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH			
DIMECTOR	301 Woodlawn Ro	ad		Baltimore Ci	ty				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y	10c. CITY, TO	WN OR LOCATION		10d.	INSIDE CITY		
=	MD.		BALT	IMORE, CITY		KIV	LIMITS? YES 2 NO		
	10e. STREET AND NUMBER			101. ZIP CODE	10g.	CITIZEN OF WHAT			
E	301 WOODLAWN	ROAD		2	1210	U.S.A			
BY FUNEHAL	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF HISPAI	IIC ORIGIN? (Specify Yes or No		merican Indien,		
-	1 Never Merried 2-1 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE		If yes, specify Cuben, Mexics 1 TES 2 NO Specifi		Specify:			
	16. DECEDENT'S EDU	1		I LULE CONTRACTOR	Teaching as a second		WHITE		
-	(Specify only highest grade	completed)	(Give kind of work life, Do NOT use rel	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSINESS	S/INDUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 2.		MAKER	OWN HO	MF			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 110111		ME (First, Middle, Melden Sumer				
	WILLIAM U. 1	HOOPER		SUSAN	NA K. KAUFF	ROTH			
O BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Rural					
=	RICHARD H.	HORNE	301 WC	ODLAWN ROAD	. BALTIMORE	E,MD.21	210		
	20e. METROD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State	other place)	N (Nama of cemetery, crematory or		20c. LOCATION — City or Town, State			
	4 Donation 6 Other (Specify)		DRUI	D RIDGE CEM	ETERY PIKES	SVILLE,	MD.21208		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	e /			4905 YORK ROAD 21212			
\leq	Edwar	M. Lest	ins he	H.W.JENKIN	s AND SONS	CO.BAL'	ro.MD.		
	23. PART I. Enter the diseases, on shock, or heart failure.			anter the mode of dying, suc	h ss cerdiac or respirator	reepiratory erreat, Approx			
	IMMEDIATE CAUSE (Finel		V	V			Onset and Death		
	disease or condition resulting in death)	8	noid hemorr	nage					
		·	of the cerel	oral artery an	elirvem				
RTIFICATION	Sequentially list conditions,	D	B A CONSEQUENCE OF):	orar arcery an	Caryon	i			
Ž	If sny, leading to immediate csuse. Entar UNDERLYING	•				!			
Ĭ	CAUSE (Disesse or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
EH	resulting in desth) LAST	d							
5	PART II. Other significent condition	na contributing to destr	but not resulting in t	na undariving causa given in	Part I. 24s. WAS AN AUTO	PSY 24b. WER	E AUTOPSY FINDINGS		
S	Arteriosclerot	ic cardiova	scular dise	ase	PERFORMED?	COM	LABLE PRIOR TO IPLETION OF CAUSE		
MEDI			beardr orbe	asc	XX YES 2 N		YES 2 NO		
							, , , ,		
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Transidence 6 Other (Specify) 28. DATE OF INJURY 28. DATE									
3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
COMPLETED	29a. CERTIFIER Charte and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.								
M M	(Check only			t the time, date and place, end du n my opinion, death occured at the			I menner as stated		
8									
	29b, SIGNATURE AND TITLE OF CERTIFIE	~ U(c. 11	_	29c, LICENSE NU OCME	MBER 29d	DATE SIGNED (Mor			
TO BE	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type. Pri			5-9-	50		
	Margarita A. Kor			1 Penn Street	,Baltimore,MD	21201	VC		

Color II

Х

DIVISION OF VITAL

		1, 2, 3 sh		
	L)	. 1	
BALTIMORE, MARYLAND 21203-3146	4 hours after death. Page 6 may be retained by the hospital or attending physician	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train committee in the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MAR			ENT OF H		MENTAL	HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)	ZELLA	м.		HARRIS	3	2. DATE O MONTH MAY	of OEATH		YEAR	3. TIME OF OEATH 9:45 P. M
	4. SOCIAL SECURITY NUMBER 512-24-4841 9a. FACILITY NAME (# not institution, give at	1 🗌 M 2 💢 F	NGE (In yrs. lest bit	YRS. MON	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	DEC.	Day, Year) 23, 1		Countr	ÏSSISSIPPI
TOR	LORIEN NURSING HO				OLUMBI		ATH		-	WARD	
DIRECTOR	10e. STATE 10b. COUNTY	WARD	.1		WN OR LOCAT	ON					10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
FUNERAL	100. STREET AND NUMBER 6334 CEDAR LANE				10f.	ZIP CODE 21044				S.A	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VES 2 V NO	D	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica 2 ND Specifi	n, Puerto Ri	(Specify Yealican, etc.)	or No	No— 14. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. OECEOENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)		(Give I	DENT'S USU kind of work NOT use ret		N it of working		KINO OF BUS		DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) ZACK H. HOWARD					18. MOTHER'S NA CELEST	E BRO	NWC		-	
5	JOHN WATERS		62	43 SU	NNY SP	RING, CO		IA, MA	RYLA	ND 2	
	20a, METHOD OF DISPOSITION 1		HARFOR	other place)				CATION City or Town, State L AIR, MARYLAND			
	Massell Ci		1-1		_			oAb, C	J TZKI	E FUN	MERAL HOMES
	23. PART I. Enter the diseases, or cahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition		on each line.		enter the mo	de of dylng, suc	h aa cerdi	lec or respl	Iretory ar	rest,	Approximate Interval Between Onset and Daath
N		AS A CONSEQUE	consequence of: Oleculorti						mos		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST				SEQUENCE OF): SEQUENCE OF): SEQUENCE OF):						NSOS.
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	a contributing to dea	ith but not resi	ulting in ti	ne underlying	j ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	24t	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	ACE OF DEATH (Ch	1.12				
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	1 Inpetient 2 ER	URY 2	BOA 4 L	28c. INJ WO	URY AT RK?		(Specify) CRIBE HOW I	INJURY OC	CURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.		, farm, stree	t, factory, offic		281. LOCA City o	ATION (Street or Town, State)	and Numbe	er or Rurel	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my									a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CHARLES					DZZ	MBER 850	5		5 11	(Month, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WH SELECT TO LEGE (Month, Del/ Year)	O COMPLETEO CAUSE O EVENE ME 32. REGISTRAR'S	0 110	755 L	Little	Perusas	14.	6	lew	But "	Ma 2144
	MAY 1 01990 Su	hie Devidon-A									DHMH-16 Rev 1/89

20

1.5

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9

31. DATE FILED (Morith, Day, Year)
MAY 1 0 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Savidson Randose

	FOR	OTATE OF MADY	4 N D (DE DA DELA			ACNITAL NIM	NENE	90 1210	JI
	1 - STATE REGISTRAR	STATE OF MARYL			ATE OF			SIENE S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	HILDEBRAND	T	1			2. DATE OF DEA	DAY	year 3. TIME OF OEATH	м
	4. SOCIAL SECURITY NUMBER 511-42-7543	1X M 2 □ F 4	in yrs. last	YRS. MOR	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIR (Month, Day, 1) 01 28	43	8. BIRTHPLACE (Stote of Fore- Country) California	ilgn
IOR	PRINCE GEORGES RESIDENCE OF DECEMENT		ITER	96.		R LOCATION OF DE	EATH		NCE GEORGES	
DIRECTOR	10a. STATE 10b. COUNTY	ce George's		Lando	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1224YES 2 \(\square\) N	10
FUNERAL	100. STREET AND NUMBER 7105 East Spring	Street			101.	ZIP COOE 20785		10q. CITI Un	ited States	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 7 ES IF YES, GIVE WAR OR DA	N U.S. ARA 2 NO ATES	MED O	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica 2 XXO Specify	n, Puerto Rican, e		14. RACE — American Indian Black, White, atc. Specify: Black	3,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DEC (GA IHe.	ve kind of work Do NOT use rei	IAL OCCUPATION done during most	st of working	16b. KIND	of Business/Inc	DUSTRY	
	12th 17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, i	Maiden Surname)		
TO BE	Owen Hildebrandt. 190. INFORMANT'S NAME (Type/Print)				V	nd Number or Rural i				
۲	Elaine Hildebrand								yland 20785 City or Town, State	
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from Stata	other pla	(08)	morial	netery, cremetory or Park			er, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		S	2	22. NAME AN	ID ADDRESS OF FA			ns Funeral HO Maryland 20	
	23. PATT I. Enter the diseases, or c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	P.J.	مری لان	enter the mo	de of dying, suc	h ss cardlac o	r respiratory ar	Approximatinterval Bet Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	0.00-		ter't	D. Jua			10/2	الله الله
MEDICAL CE	PART II. Other significant condition	a contributing to death b	out not n	esulting in t	ha undariyin	g cause given in		MAS AN AUTOPSY PERFORMED? YES 27010	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF GEATH?	ТО
	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C)	neck only one)		1 YES 2 N	0
PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3	DOA 4	THER:	e 5 🗆 Residence		Hy)		
ВУ РН	27. MANNER OF OEATH 1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF NJURY AT WORK? 28c. INJURY AT WORK? 1 VES 2 NO		CURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At ho	me, farm, stre	et, factory, offic	•	261, LOCATION City or Town		er or Rural Route Number,	
COMPLETED	CORECT OTHY	CIAN: To the best of my know							ated. The cause(e) end menner ee sta	ated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER							TE SIGNED (Month, Day, Year)			

032403

DHMH-18 Rev 1/89

FOR

	200	0 0	Ē
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the mi
_	ithin	leteh	mt,
φ Φ	8	omp ul, ci	eve
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecut	nd c	atic
_	8	an a	5
<u>S</u>	ate b	ysici	t ta
u	rtifica	g ph	the
O,	leo L	P P	0 0
7	deat	atte	2
Š	the	d Me	를
Z	that	d by	July 1
S	res	signe	50
Ĭ	nbau	P P	the state of
	WE	ept.	23
Z	The	te D	E
=	AN:	ifica Sta	=
	SICI	the	1,0
5	PHY	this	Te e
Z	ING	uffer eath	E
2	END	JR. /	50
5	A	ECTC S af	12
5	O.	DIR POUR	ten
	A	A E	=
	400	UNE	ANT
	보	H B	DRI
	IT 0	E SE	MP
	_	- 0	_

	2, 3 should		
	t. Pages 1,		
	ansit permi		
and a second	the burial-tr		
	for use as 1		
	detached		once.
	5 should be		notified at
	ector, page		must be r
in a second	funeral dire		xaminer
	d in by the	or removal.	medical
	npletely fills	cremation,	vent, the
	ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	or to burial,	aumatic e
2000000	nding physic	Hygiene pri	or other tr
2000 000 100	by the atte	and Mental	y injury,
no dente	been signed	. of Health	shows ar
1110 1411	ificate has t	State Dept	r item 23
	ter this cert	fter death with the State Dept. of Health and Mental Hygiene prior to	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO LINE	OR: At	fter de	S Is

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF OEATH								
	SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH / 8. BIRTHPLACE (State or Foreign								
	219-18-9154 1XIM 2 - F 65 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 77 .								
~	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DT.	ST JOSEPH HOSPITAL TOWSON BALTO, Co.								
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. (INSIDE CITY LIMITS?								
	MA STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?								
FUNERAL	208 PONTIAC AVE 21225 USMA								
FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, stc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)								
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: LOHITE								
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) ACCOUNTANT STATE OF MD								
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)								
BE (MICHAEL HART 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Poulle Number City or Town State 2 to Code)								
5	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 208 PONTIAC AVE,								
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Offset Oloce) 20c. LOCATION — City or Town, State Offset Oloce)								
	4 Donetton 5 Other (Specify) 170LY CROSS CEMETERY DALTO, MO								
	CHARLES L STEVENS FUNERAL HOME, INC.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	ehock, or heart fallure. List only one cause on sech line. IMMEDIATE CAUSE (Finel C M M' & C And M Three Onset and Death								
	disasse or condition resulting in death)								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate								
CA	CAUSE (Disease or Injury								
RTIF	thet initiated events resulting in deeth) LAST								
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS								
DICAL	PERFORMED? ANALIABLE PRIOR TO COMPLETION OF CAUSE								
	1 YES 2 NO OF DEATH? 1 YES 2 NO								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
НХ	1 YES 2 NO 1 Inpattent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Near) 28b. TIME OF PEATH 28c. INJURY AT DESCRIBE HOW INJURY OCCURED WORK? WORK?								
ВУР	1 Natural 5 Pending M 1 YES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.								
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manual contents.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 (0) CF 10 FOLH WI) CP, FD								
	NATIVIDAD D. DE LEON TOWOON MD. 21204								
	31. DATE FILED (MONT). Doy 1990 32 AGAISTRATS-SIGNATUR DANGER								

18 · *

3. TIME OF DEATH

A. BURTHPLACE (State or Foreign

MD

10d. INSIDE CITY

ÑXYES 2 □ NO

9:15 a.m

1990 YEAR

9c COUNTY OF DEATH

BALTIMORE CITY

10g, CITIZEN OF WHAT COUNTRY?

10a. STATE

DIRECTOR

A SOCIAL SECURITY NUMBER

578-46-0649

RESIDENCE OF DECEDENT

MD.

10a. STREET AND NUMBER

9a. FACILITY NAME (If not institution, give street and number)

THE JOHNS HOPKINS HOSPITAL

10b. COUNTY

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

MCMTHS.

YRS

IF UNDER 24 HRS.

HOURS

Sh. CITY TOWN OR LOCATION OF DEATH

10f. ZIP CODE

BALTIMORE CITY

BALTIMORE, CITY

HUGH JUDGE JEWETT

8. AGE (In yrs. last birthday)

86

5. SEX

1) M 2 F

2. DATE OF DEATH
MAY 7

7. DATE OF BIRTH

9-26-1903

requires that the death DIVISION OF VITAL RECORDS, ME has

FUNERAL 100 EAST MELROSE AVE. 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 8 PHYSICIAN MED. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at HUGH JUDGE JEWETT ANNE VanLENT INGRAHAM 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1361 WOODSIDE DR. MCLEAN VIRGINIA 22102 ROSALIND JEWETT SLAY pe 20e. METHOS OF DISPOSITION
1 Burlai 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) _ DARLINGTON CEMETERY DARLINGTON, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner 4905 YORK ROAD.21212 a. Sle H.W.JENKINS AND SONS CO.BALTO.MD. medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel the disease or condition PROSTATE CANCER years METASTATIC resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atter Health and Mental injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any SEVERE PERLIPHERAL VASCULAR DISEASE 1 TES 2 NO OF DEATH? REQUIRING PIGHT LEG AMPUTATION 1 | YES 2 | NO been t, of f PHYSICIAN: State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL DR ATTENDING PHYSICIAN; The I FUNERAL DIRECTOR; After this certificate ha within 72 hours after death with the State D item EXAMINER? OTHER: 1 YES 2 NO 1 D(Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF OEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO 8 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Plural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be detarmined ETED. 4 Homicide It item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL FUNERAL (2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MPORTANT 29b. SIGNATURE AND /TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 五五 SURGICAL HOUSE OFFICE DWILL MD 5/7/90 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS HOSPITAL CHO M.D. PETER W. 32. BEGISTBAR'S STONATURE 31. DATE FILEO (Month, Day, Yea MAY 1 0 1990 DHMH-16 Rev 1/89

the funeral director, page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. filled in by this certificate has been signed by the attending physician and completely executed within law requires that the death certificate be

BALTIMORE, MARYLAND 21203-3146

OF VITAL RECORDS, P.O. BOX 13146,

The

HOSPITAL OR ATTENDING PHYSICIAN:

2 2

THE FUNERAL DIRECTOR: After

DIVISION

permit. Pages 1, 2, 3 should

	t once.	
	notified a	
	st be	
	r mu	
al.	examine	
or remova	medicai	
athon,	the	
crem	vent,	
ior to bunal,	raumatic e	
Нудівле рг	r other t	
Mental	injury, o	
th and	апу	
of Heal	shows	
Ded	n 23	ı
State	I Item	
T The	d, 0	ı
death wil	s marke	
after	28	
hours	Hem	
iin 72	IT: H	
d with	RTAN	
e file	MPO	

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH ones 5. SEX IF UHDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS DAYS HOURS South Caroline 1 M 2 9n. FACILITY NAME (if not 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Battimore DIRECTOR Saint RESIDENCE OF D 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE, CITY MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 518 E. 20th STREET 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarlo Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: ВУ 3 Widowed 4 Olvorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) Flomentary/Secondary (0-12) College (1-4 or 5+) 3rd GRADE HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) **JERRY** GRANT GRANT BERTHA FORD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LEOLA DORSEY 1656 NORTHBOURNE RDBALTO, MD. 21239 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1/\[\] Burial 2 \[\] Cremation 3 \[\] Removal from State

4 \[\] Donation 5 \[\] Other (Specify) ______ BALTIMORE NATIONAL CEMETERY BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F.H. 1101 E. NORTH 23. PART I. Enter the diseases, at complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert fallure. List only one cause on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Finei disesse or condition_ resulting in deeth) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 16 OF DEATH? 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 | YES 2 | NO ng Homa 5 - Realdence 6 - Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED t 🗌 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide datermined t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 1 2 22. REMSTRAR'S SIGNA

COLL . I.L.

4 E 4 M

5

FOR STATE REGISTRAR

(0)
4
÷
ന
-
~
2
80
11
0
0
65-
S
0
~
~
S
0
ш
Œ
TAL
3
=
>
Ц.,
Ö
_
Z
0
(J)
5
-
0

)		1. DECEDENT'S NAME (First, Middle, Last) JAMES BOYDE	JORDAN				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH	
2		4. SOCIAL SECURITY NUMBER 214-26-0570	1 🕅 M 2 🗆 F	yrs. lest birthday) O YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Yea (0 20	Cour	HPLACE (State or Foreign try) Yland	
2, 3 should	TOR	9a. FALLITY NAME (If not institution, give a FALLSTON GENERAL RESIDENCE OF DECEDENT	Ral Hosp.		1-11	ston, Mai		Sc. COUNTY OF	TOO &	
rt. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	rford		allst		0		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
nsit permit.	ERAL	100. STREET AND NUMBER 2630 Hess Ro	ad		101. ZIP CODE 21047			10g. CITIZEN OF WHAT COUN U.S.A.		
ding physician. s the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ZNO	If yo	DECENDENT OF HISPAN PROPERTY CUBAN, Mexical YES 2 NO Specific	n, Puerto Rican, etc.	y Yea or No— 14. RAI Ble Spe	CE — American Indian, ck, White, atc. White	
retained by the hospital or attending physician 5 should be detached for use as the bunial-train notified at once.	COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of the Do NOT u	work done durk se retired.)	ng most of working	200000000000000000000000000000000000000	ausiness/industry	ay Dept.	
d by the hospit id be detached d at once.	BE CO	17. FATHER'S NAME (First, Middle, Leat) Willie Elmer	Jordan				ME (First, Middle, Me re Coll			
ay be retained the page 5 should the notified	10	19a. INFORMANT'S NAME (Type/Print) Edna M. Jord		2630	Hess	Road, F			47	
age 6 may director, pa er must b		28p: METHOD OF DISPOSITION 1 4 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State Hi	other piece)	Memo	orial Gar	dens F	allston,		
e funeral							nstein Mortuary, Inc. St., New Freedom, PA 17349			
ed within 24 completely fills al, cremation, event, the	N	23. PART I. Enter the diseases, pr complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or as a consequence of): Cauchage Caushage								
or clan	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
requires that the deen signed by the of Health and Mesth and Injur	: MEDICAL C	PART II. Other significant condition	ns contributing to death bu	it not resulting	In the unde	rlying cause given in	PE	S AN AUTOPSY RFORMED?	ID. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: The lan certificate has the State Dep 1, or Item 23	rsician	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 -YES 2 - NO	HOSPITAL: 1 Inpatient 2 ER/Outpe	tient 3 DOA	OTHER:	26. PLACE OF OEATH (Cr.)		
After this ce death with the marked, is	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	c. INJURY AT WORK?	28d. DEŞCRIBE H	OW INJURY OCCURED		
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Special	— At home, farm,	etreet, factory	, office	281. LOCATION (St City or Town, S	treet and Number or Rura State)	Floute Number,	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. PORTANT: If Nem 28 is marked, or Nem 23	COMPLE	anal	ICIAN: To the best of my knowle						(e) and menner as stated.	
TO THE HOSPITAL TO THE FUNERAL I De filed within 72 h IMPORTANT: H II	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	wile . M	D		29c. LICENSE NU	WBER 213	29d. DATE SIGNE	D (Month, Day, Year)	
10	TO	30. NAME AND ADDRESS OF THE GIT WE HAVE THE STATE OF THE GIT WE WE HAVE THE STATE OF THE GIT WE WE WE WE WE WE WE WE WE WE WE WE WE	CLUMICS	1 He	e, Print)	low			i ·	
		MAY 1 1990	ilia Davidson-Mana	TURE L						
									DHMH-18 Rev 1/89	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ITEMS:23 thru 28f per ME G-663 5-22-90 cm

12706 90

		FOR	
1	_	STATE	
	_	DECICTOAD	

	1 - STATE REGISTRAR	OL.	HILL	CALE	OF	DEAT	Ή		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	:k							OF DEATH DA			3. TIME OF DEAT	н
	Michelle M/	chele D.		Johr	nson			MONTH 5	4		90	3:45	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less		IF UNDER	_	IF UNDER		7. DATE	OF BIRTH , Day, Year)		. BIRTHI Country	PLACE (State or Fo	reign
	217 68 1062	1 □ M 2 Ø F 3/	YRS.	MONTHS	DAYS	HOURS	MIN.		-37-	58	Country	,	
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b, CITY,	TOWN O	R LOCATIO	N OF DEA	ATH		9c. COUNT	Y OF DE	ATH	
OR	1716 N. Freedom W	lav		E	Balt:	imore	2						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		L 400 OITH	, TOWN O							Т	40.4 MINIST OUT	
2	IND. COUNTY			700		ON						10d. INSIDE CITY	
	100, STREET AND NUMBER			SAL	-	ZIP CODE				40. 017170		1 X YES 2 🗌	NO
RAI	13 1/ N FREE	dom WAY			107.		213			10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	MED	[42.1	48 O DECI		7120	O O DION	? (Specify Yes	1	12	FI.	_
	1 Never Merried 2 Merried	FORCES? 1 YES 2 A		1	f yes, spe	cify Cuber	n, Mexicen	, Puerto I	Rican, etc.)	or No- 1		— American Indi White, etc.	in,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		'	☐ YES	2 NO	Specify:				Specif	BLAC	K
ED	15. DECEDENT'S EDUC		CEDENT'S	USUAL OC	CUPATIO	N		16b	KIND OF BUS	INESS/INDU	STRY		
ET	(Specify only highest grade of Elementary/Secondary (0-12)		to kind of w Do NOT us	e retired.)		it of workin	g						
APL	SECONDARX		0436	s W	140								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 ,				16. MOTH	IER'S NAM	AE (First, F	Aiddle, Maiden	Surname)			
BE (MARRY J.	OLNEAN				UVO	NN	E	Moo	dx_			
TO E	19a. INFORMANT'S NAME (Type/Print)	1 / . !1	b. MAILING	ADDRESS	(Street ar	nd Number	or Rurai A	loute Numi	per, City or Town	n, State, Zip C	-		/
-	JUONN	F JOKINSON 1	73	61	211	LAY	- AY	97/	e AYI	BH.	110	. Md21	213
	20e METHOD OF DISPOSITION 126 Burlel 2 Cremetton 3 Remo	val from State 20b. PLACE other pla		BITION (Na	me of cerr	etery, crem	entory of	DV.		CATION - CI		4	201
	4 Donation 5 Other (Specify)		f	MG	N	1 5:16	. /	V .	8	ALLO	- (7	OPKI	me
	21. SIGNATURE OF FUNERAL SERVICE LICE	ocks. W.		22.		D ADDRES				. 1.	0	+111	-
	Osache n.	oens. Al.		La	eko	The	resal	Ho	1 13%	4 K.	(Br	deal vo	
	23. PART I. Enter the diseases, or o			ot enter	the mo	de of dyl	ng, such	se care	llec or respi	ratory erre	nt,	Approxim	
	IMMEDIATE CAUSE (Final	list only one couse on each line	١.									Onset an	
	disesse or condition	ACUTE NARCOTIC	TNITO	YICA	TION								
	resulting in deetil)	DUE TO (OR AS A CONSE			1100								
Z	Companielly list conditions C	·											
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	F):									
3	ceuse. Enter UNDERLYING												
-	CAUSE (Disease or Injury	0115 70 (00 10 1 00)	-										
TIF	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE	DUENCE OF	F):									
CERTIFI	CAUSE (Disease or Injury	OUE TO (OR AS A CONSE	DUENCE OF	F):								-	
AL CERTIFICATION	CAUSE (Disease or Injury that initiated events	1,			nderlying	ceuse (given in i	Part I.	24a. WAS AN		24b.	WERE AUTOPSY F	
DICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	1,			nderlying	ceuse (given in i	Part I.	24e. WAS AN PERFOR	MED?	24b.	AMAILABLE PRIOR COMPLETION OF	70
MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	1,			nderlying	g ceuse (given in i	Part I.	PERFOR	MED?	24b.	AWAILABLE PRIOR	CAUSE
V: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	1,			nderlying	g ceuse (given in i	Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
SIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	se contributing to death but not s		In the ur	26. PL	g couse (_	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO
'SICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	1,	resulting I	In the ur	26. PL		EATH (Che	ack only o	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
PHYSICIAN: MEDICAL CERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 28b. TIM	OTHE	26. PL R: sing Hom 28c. INJ	ACE OF D • 5 X Re URY AT	EATH (Che	ack only or	PERFOR	IMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e contributing to death but not in the contributing to death but not in the contribution of the contributi	DOA 28b. TIM	OTHEI	26. PL R: sing Hom 28c. INJ WO	ACE OF D	EATH (Che	8 Other	PERFOR	IMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: Inpatient 2 ER/Outpatient 3 Rose DATE OF INJURY (Month, Day, Year)	DOA 28b. TIM	OTHEL	26. PL R: sling Hom 28c. INJ WO 1 🔲	ACE OF D • 5 💆 Re URY AT RK? /ES 2	EATH (Che	8 Other	PERFOR 1 X YES 2 10 (Specify) SCRIBE HOW IN CATION (Street	NJURY OCC	JRED	AMALABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: Inpatient 2 ER/Outpatient 3	DOA 28b. TIM	OTHEL	26. PL R: sling Hom 28c. INJ WO 1 🔲	ACE OF D • 5 💆 Re URY AT RK? /ES 2	EATH (Che	8 Other 28d. DE: UNIT	PERFOR	NJURY OCC	JRED	AMALABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 No VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) UNKNOWN 28e. PLACE OF INJURY — At he building, etc. (Specify)	DOA 28b. TIM	OTHEL 4 Nur E OF FURY M estreet, fact	26. PL R: wing Hom 28c. INJ WO 1 \text{\text{\text{VO}}}	ACE OF D 5 X Re URY AT 7/ES 2	EATH (Che reldence	8 Other 28d. DE: UNF	PERFOR 1 X YES 2 THE SECRET HOW IT SECRET	NJURY OCCU	JRED V Rural F	AMALABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2	CAUSE
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER CERTIFICIAL DEVICE.	HOSPITAL: Inpatient 2 ER/Outpatient 3	DOA 28b. TIM INJ	OTHEL 4 Nur E OF FURY M street, fact	26. PL R: sing Hom 28c. INJ WO 1	ACE OF D 5 32 Re URY AT RK? YES 2	EATH (Che reidence	8 Other 28d. DE: UNIV	PERFOR 1 X YES 2 THE PROPERTY OF THE PERFORMANCE AND THE PERFORM	NJURY OCCI	JRED V Rural F	AMALABLE PRIOR COMPLETION OF OP DEATH? 1 YES 2	TO CAUSE
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 5V YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) UNKNOWN 28e. PLACE OF INJURY — At he building, etc. (Specify) UNKNOWN CIAN: To the best of my knowledge, de	DOA 28b. TIM INJ	OTHEL 4 Nur E OF FURY M street, fact	26. PL R: sing Hom 28c. INJ WO 1	ACE OF D e 5 2 Re URY AT RK? FES 2 and place	EATH (Che reidence	8 Other 28d. DE: UNK 28f. Loc Chy UNK to the ca	PERFOR 1 X YES 2 THE PROPERTY OF THE PERFORMANCE AND THE PERFORM	NJURY OCCI	JRED V Rural F	AMALABLE PRIOR COMPLETION OF OP DEATH? 1 YES 2	TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICE) 299. CERTIFIER (Check only 1 CERTIFYING PHYSICE)	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) UNKNOWN 28e. PLACE OF INJURY — At he building, etc. (Specify) UNKNOWN CIAN: To the best of my knowledge, de	DOA 28b. TIM INJ	OTHEL 4 Nur E OF FURY M street, fact	26. PL R: sing Hom 28c. INJ WO 1	ACE OF D e 5 2 Re URY AT RK? FES 2 and place	EATH (Che seldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DE: UNF 28f. LOC Chy UNF to the ca	PERFOR 1 X YES 2 THE PROPERTY OF THE PERFORMANCE AND THE PERFORM	NJURY OCCI	JRED V Rural F	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Route Number, and menner as: (Month, Day, Year)	TO CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICE) 299. CERTIFIER (Check only 1 CERTIFYING PHYSICE)	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) UNKNOWN 28e. PLACE OF INJURY — At he building, etc. (Specify) UNKNOWN CIAN: To the best of my knowledge, do	DOA 28b. TIM INJ	OTHE 4 Nur E OF JURY M estreet, fect	26. PL R: sing Hom 28c. INJ WO 1	ACE OF D e 5 2 Re URY AT RK? FES 2 and place	EATH (Che neldenca NO	28d. DE: UNF 28f. LOC Chy UNF to the ca	PERFOR 1 X YES 2 THE PROPERTY OF THE PERFORMANCE AND THE PERFORM	NJURY OCCI	JRED V Rural F	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 AMALABLE PRIOR OF DEATH?	TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 12. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC (Check only	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year) UNKNOWN 28e. PLACE OF INJURY — At he building, etc. (Specify) UNKNOWN CIAN: To the best of my knowledge, do	DOA 28b. TIM INJ	OTHE 4 Nur E OF JURY M estreet, fect	26. PL R: sing Hom 28c. INJ WO 1	ACE OF D o 5 2 Re FWY AT FW	EATH (Che seldence NO NO NO NO NO NO NO NO NO NO NO NO NO	28d. DE: UNF 28f. LOC City UNF to the ca	PERFOR 1 X YES 2 THE PROPERTY OF THE PERFORMANCE AND THE PERFORM	NJURY OCCI	JRED V Rural F	AMALABLE PRIOR COMPLETION OF OP DEATH? 1 YES 2 AMALABLE PRIOR OF DEATH? 2 WES 2 AMALABLE PRIOR OF DEATH? 3 and menner as AMALABLE PRIOR OF DEATH?	TO CAUSE NO

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Mario F. Golle, Jr.MD

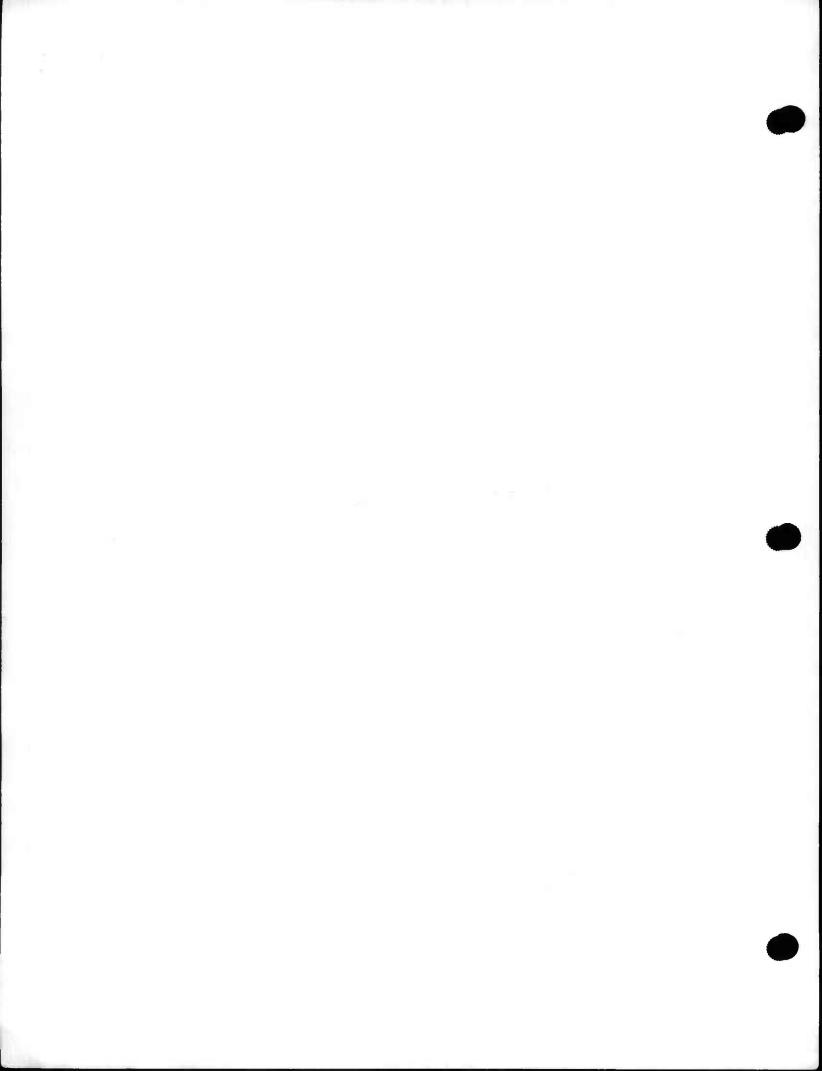
32. REGISTRAR'S SIGNATURE

Fundamental Control of the Control of t

31. DATE FILED (MAY 1

	FOR	STATE OF MAI	RVI AND / D	EPARTMENT	OF HEALTH AND N	AENTAL HYGIENI	9	0 12/0/
	1 - STATE REGISTRAR	OTATE OF MA			OF DEATH	REG. NO.	_	
,	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATH MONTH DA	Y YEA	3. TIME OF DEATH
- 1	Estl		D.		nox	5-7-90 BA		12:37PM M
		1 🗆 M 2 📈 F	AGE (In yrs. lest b	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/26/3	3 6	IRTHPLACE (State or Foreign ountry)
OR	9a. FACILITY NAME (If not institution, give str Homewood Hospital			9b. CITY	Baltimore C		9c. COUNTY (OF DEATH
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CITY, TOWN (DR LOCATION			104 INSIDE CITY
DIRE	MD.				MORE, CITY			10d. INSIDE CITY LIMITS? 1 XES 2 NO
FUNERAL DIRECTOR	2327 BARCLA	Y STREET			21218			of what country? S A
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 NO		WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th GRADE		(Give	DENT'S USUAL O kind of work done to NOT use retired.)	during most of working	16b. KIND OF BUS	NESS/INDUSTI	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) ROBERT STOKE:	S				ME (First, Middle, Melden E LEE	Surname)	
TO B	196. INFORMANT'S NAME (Type/Print) DARLENE KNOX		19b. (B (Street end Number or Rural I BARCLAY ST			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	206. PLACE OF other place WESTE	DISPOSITION (N	me of cemetery, crematory or	20c. LO	CATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			NAME AND ADDRESS OF FA			
	1 Francis	1 Ac	~ >	W	M.C. MARCH	F.H. 11	01 E.	NORTH AVE.
	23. PART I. Enter the diseases or c shock, or hasn't feliure.			th. Do not enter	the mode of dying, suc	h as cardisc Dr respi	ratory srrest,	Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)				iency syndro			
z		∂ ∪ê- 10∕(di 	h-As-w-oonbebo	enet-ori:	rug abuse, c	illollic are	,010113	
CATIO	Sequentially list conditione, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OI	A AS A CONSEQU	IENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEOU	IENCE OF):				
	PART II, Other significant condition	e contribution to de	eath but not rea	sulting in the u	ndertylna cause given in	Part I 24s WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS
SICAL						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL						INSPEC	CTION	1 TYES TO NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 🔀	∰/Outpatient 3 □	DOA 4 Nu	R: rsing Home 6 - Residence	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH XXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	26a. DATE OF IN (Month, Day,		28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURI	ED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF I building, etc	INJURY — At hom c. (Specily)	e, farm, street, fac	tory, office	26f, LOCATION (Street City or Town, State)	and Number or F	Rurel Route Number,
COMPLETED	one)	_			time, date and place, and due opinion, death occured at the			ouse(e) end menner as stated.
O BE C	500 SIGNATURE AND TITLE OF CERTIFIES	SIL	Al	M	29c. LICENSE NU OCME	MBER		GNED (Month, Day, Year) -8-90
1	The state of the s		L - K - L					

111 Penn Street, Baltimore, MD 21201



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL OMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)		4		2. DATE OF DEAT	H DAY	3. TIME OF OEATH	
Ì	GEORGE C. LA	WSON , Jr.			MAY		90 8:57 A M	
ì			yrs. last birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	8	B. BIRTHPLACE (State or Foreign Country)	
i		XXM 2 □ F 7	YRS.		March 17	, 1914	Pennsylvania	
_	9e. FACILITY NAME (If not institution, give stree			CITY, TOWN OR LOCATION OF D				
DIRECTOR	PRINCE GEORGE'S HO	SPITAL CENT	ER C	HEVERLY		PRINC	CE GEORGE'S	
띭	10a. STATE 10b. COUNTY			WN OR LOCATION			10d. INSIDE CITY LIMITS?	
		George's	Land	over Hills			1 XXYES 2 □ NO	
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			EN OF WHAT COUNTRY?	
Ę I	3999 Warner Ave. #C	6 2. WAS DECEDENT EVER IN	II.S. ADMED.	20784	NIC OBIONIS (Casal		ed States	
	1 Never Married 2 Married	FORCES? 1 YES	2 000	If yes, specify Cuban, Maxic	an, Puerto Rican, etc	.)	4. RACE American Indian, Black, White, atc.	
B	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DA	123	I □ IES AM HO Shee	ny.		Specify: Black	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION mpleted)	16a. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION lone during most of working ed.)	16b, KIND OI	BUSINESS/INDU	STRY	
١٣	Elementery/Secondary (0-12) 12th	College (1-4 or 5 +)		ress Opr.	Dont	of Dofo	ense/Govt.	
NO.	17. FATHER'S NAME (First, Middle, Last)		MULCI-F.		AME (First, Middle, Ma		ilise/GOVC.	
ŭ	George C. Lawson,	Sr.		Olivia	Sutton			
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rura	Route Number, City o	Town, State, Zip C	Code)	
2	Mary Lawson		3999 Wa	rner Ave. C6	Landover	Hills,M	d. 20784	
	20a. METHOD OF DISPOSITION 1 ☐ Burley 2 ★ Fremation 3 ☐ Remove	al from State	other place)	N (Name of cemetery, crematory or	1 1	LOCATION — CI		
	4 Doyletion 5 Other (Specify)		edar Hill	Cemetery	ACTUTY T D	Suitland	, Maryland Funeral Home	
ļ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n	0				Maryland 20785	
_	Jenny O.	Mal					-	
	23. SAHT L Enter the diseases, or cor shock or heart fellure. Lie	mplications that caused of only one cause on ea	the death. Do not e ich line.	nter the mode of dying, su	ch as cardiac or s	espiratory srre	Interval Between	
	MMEDIATE CAUSE (Final disease or condition	CARDI	OPCCP	RATORY	DO DE C		Onset and Dasth	
	resulting in deeth) e.	DUE TO (OR AS A	CONSEQUENCE OF:	(FA (O OCT	DKKES	\		
z		ACUT	E CON	JEESTIVEH	EARTE	FAILU	RE	
일	Sequentielly list conditions, if any, leading to immediate	•	CONSEQUENCE OF):	F):				
2	CAUSE (Disesse or Injury		CONSEQUENCE OF:	MC RENAL FAILURE				
CERTIFICATION	that initiated events resulting in death) LAST		33,732,32,32,37,					
	DART II Other dealth and an Alabara				5.44		1	
N N	PART II. Other significant conditions			AL ULCE		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ğ		TENSION		The which	10 4	ES AND NO	OF DEATH?	
Σ				E HEART FA	4, 1, 49		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		CEZZIV	26. PLACE OF DEATH (C				
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		HER: Nursing Home 5 - Residence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OCCI	URED	
BY	1 Netural 5 Pending Investigation		volato,	M 1 YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	— At home, farm, street //y)	, factory, offica	201. LOCATION (S City or Town,		or Rural Route Number,	
	29e. CERTIFIER	AN TO BE A SECOND						
COMPLETED	const only			the time, data and place, and do my opinion, death occured at the			d. cause(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERFFIER			29c. LICENSE N	UMBER	29d, DATE	SIGNED (Month, Day, Year)	
BE	Che Eve	200e	M.D.	D(37	159	104	5 May 90 88 Md. 20785	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	0	<u> </u>			
	A. ZEVALL	03, M.D.	6490	LANDOVER	- KG: 1	ANDOV	ER Md. 20785	
	MAY 1 0 1990	Julia Davidson						
	1000	June well ason	-Northean					

	5	9		7
	P.	d bi		2
	taine	Shou		ij.
	20	e 5		2
ì	lay t	pag		4
	9	ctor,		TUS
	'age	dire		- Le
	th.	eral		퉅
	r dea	in fr	<u> </u>	exa
	afte	by th	E 0	cai
	SING	5	or re	ned
	E.	filled	ou,	90
	in in	tely	mati	1, 1
î	WIE	пре	Cre	ven
	urted	8	lag.	9 3
	excec	and	0	mat
	2	ician	ior 1	neu
	ficate	phys	Je Di	10
	Serti	ling	ygiei	ŧ
	ath	ttend	克	10
1	e de	he a	Merri	三
	at th	3	and	y in
	th St	peu(#	3
2	quire	n Sig	f He	WO
	W	pee	0,0	3 84
!	le la	has	å	n 2
	1	cate	State	ie
•	CIA	erdfi	the	6
	HYS	his c	With	ced,
	1G P	ter th	ath	mar
	Š	A. Af	ep 4	90
)	ITE	6	afte	28
	OR A	JIRE	OUITS	Hel
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at c
	SPI	NER	thin	Ë
	E HC	E P	d wit	FIX
	H	H	file	2
	P	12	Z	=

5 Pending Investigat

1 XXIatural

2 Accident

3 Suicide

ΒY

BE COMPLETED

2

1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF OE	ЛH
Thoma	s L.		Livin	good				MONTH 5-	8-90	NY .	YEAR	12:02	M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE (OF BIRTH Day, Year)	10	BIRTH	PLACE (State or	
212-22-4931	1 XM 2 - F	YRS.	MONTHS	DAYS	HOURS	MIN.	12		26	MA	RYLAND		
9e. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH		9c, COUNT	Y OF D	EATH	
3136 Remington Avenue					Ba	ltim	ore	City	, MD	L			
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	γ		10c. Ci1	ry, town o	OR LOCAT	TION						10d. INSIDE CI	Y
MARYLAND				E	BALT:	IMORI	E					LIMITS?] NO
10e. STREET AND NUMBER					10	. ZIP COD				10g. CITIZE	N OF W	VHAT COUNTRY	
3136 REMING	CON AVENU	E		_		2]	1211				USA	1	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO					IIC ORIGIN n, Puerto F	? (Specify Yea lican, etc.)	or No- 1	4. RACE Black	— American In c, White, atc.	ilen,
3 Widowed 4 X Divorced	FORCES? 1	AR OR DATES	-,			2 X NO					Speci	WHITE	
15. DECEDENT'S EDU	ICATION		OECEOENT'S					16b.	KIND OF BUS	I SINESS/INDU	STRY	WHILLE	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d	-)	(Give kind of Iffe. Do NOT u	work done ise retired.)	during mo	et of worki	ng						
9TH			VENDO]	R					SELF_	EMPLO	YEL)	
17. FATHER'S NAME (First, Middle, Last)						16. MOT			fiddle, Meiden	Surneme)			
HARRY LIVI	ENGOOD							NKNOW					
19e. INFORMANT'S NAME (Type/Print)									er, City or Town			21102	
LAURA CRAWFORD 3423 200. METHOD OF DISPOSITION 200. PLACE OF DISPO								CHEST	70.0			21102	-
10 Buriel 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	noval from State	othe	LAND			27.5		METE					MD.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- PLANCE	LAMD .			ND ADDRE			, O.	THE STATE OF THE S	721 2	,	
· 1. 100.	, Seit	£ 1/2			A	ALAN	SEI	rz, J	R. FUI	NERAL	HOM	1E	_
23. PART I. Enter tha diseeses, Dr	Anni	_	deeth Do	not enter). 2121 Approxi	
ahock, or heert fallure.				not enter	the me	rue bi uy	ing, suc	II SS CAIC	nec Di Teabi	ratory arre	at,	Interval	Betwee
iMMEDIATE CAUSE (Final disease or condition	. Arterio	osclero	otic c	rardi	O1120	cula	r di	COSC	_			Onset a	id Deal
resulting in death)		(OR AS A CON			Ovas	curc	ir ar	.scas					
				•							USA O- 14. RACE Black, Specify S/INDUSTRY MPLOYED To, Zip Code) YLAND Non - City or Tow RISON F RAL HOM TO, MD Ty arreat, DPSY 7	ļ	
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEOUENCE (DF):									
ceuse. Enter UNDERLYING CAUSE (Disease or injury	c												
that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	SEOUENCE (OF):									
	d											-	
PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.							Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPS		
									1 TES 2			COMPLETION CO	
								_	INCDE	CTION	.	1 TYES X	No
									INSEL	X110I\			
25. WAS CASE REFERRED TO MEDICAL								eck only or					

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

28e. PLACE OF INJURY — At home, farm, etreet, fectory, office building, etc. (Specify)

М

on end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end menner ee stated MATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

1 YES 2 NO

OCME

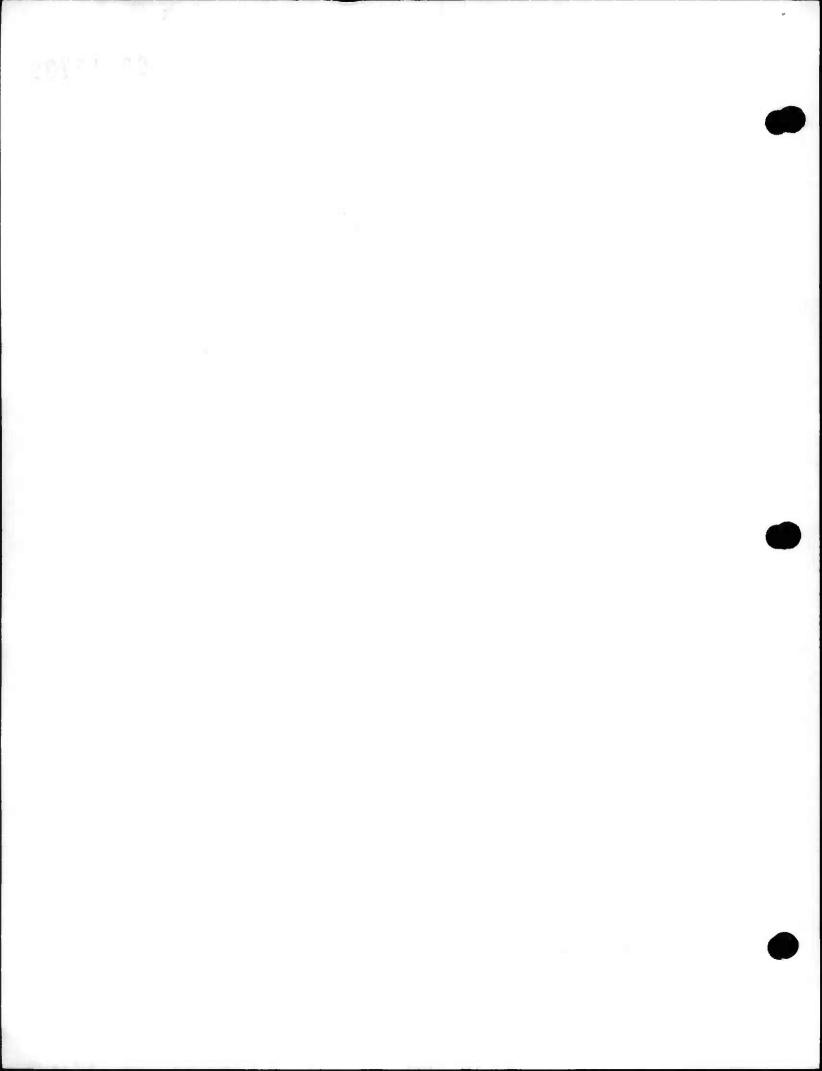
30. NAME AND AD	DRESS OF PERS	ON WHO COMPLETED C	AUSE OF DEATH (ITEM :	27) (Type, Print)
Margai	rita A.	Korell, MD		11

111 Penn Street, Baltimore, MD 21201

VC

32. REGISTRAN'S SIGNATURE PANDASE

5-9-90



6, BALTIMORE, MARYLAND 21203-3146	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	TATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH	AND ME	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Meban	ie			2	DATE OF DEATH DA	0 9	CAD	OS AM
1 3		SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS, 7.	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLA	CE (State or Foreign
	245 – 63 – 1367 1 (M 2 K F	58 YRS.	at CITY TO	HOLOGAT	ION OF DEATI	4 /	32		<u>C.</u>
Œ	St. Agnes Hosp.	end number)			alto.	ION OF DEAT	1	Sc. COUNTY	OF DEATE	•
18	RESIDENCE OF DECEDENT	···			arco.					
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR L			10d. INSIDE CITY LIMITS?			
	Md. Balto.								YES 2 NO	
RAI	3906 Flowerton	Dd			101. ZIP COI			109. CITIZEN	OF WHAT	COUNTRY7
FUNERAL		WAS DECEDENT EVER IN	U.S. ARMED	13 WAS			ORIGIN? (Specify Yee		BACE -	American Indian,
BY	1 Never Merried 2 Merried 3 Wildowed 4 Diverced	FORCES? 1 YES	2 NO	If ye		en, Mexicen, F	Puerto Ricen, etc.)		Black, WI	ilte, etc.
once. COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12)	DN pleted) plege (1-4 or 5+)		work done durk se retired.)	PATION og most of work	ing	16b. KIND OF BUS	INESS/INDUS	TRY	
MP I			Unemp1	oyed						
at one	17. FATHER'S NAME (First, Middle, Last) Soloman Green					Bessie	(First, Middle, Melden Single			
TO B	190. INFORMANT'S NAME (Type/Print) Clarence Mebane			All to the second			altimore,			229
must be	20e. METHOD OF DISPOSITION 1 [X] Burtel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State 20b	other plage)	Mem. F	K .	matory or		dalls1		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENS	hrow		22. NAI Ma 43	rch F	H Wes	t ve.			
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	23. PART I. Enter the diseases, or com shock, or heart fellure. Liet iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	only one cause on e	ach line.	In	mode of d	ying, auch a	e cardiac or reepi	ratory arrea	t,	Approximete Interval Between Onset and Death
TION	Sequentielly list conditions, If any, leading to immediate									
PTIFICA	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
S. S.	PART II. Other eignificent conditions of	maniferation an elegate b		le Mercedo	4.1	Calore In Da	rt I. 24a, WAS AN	AL COMPANY	T	
23 shows any injury, AN: MEDICAL Ci	(Manic	//	alu	III die dilde	nying ceuse	given in ra	PERFOR	IMED?	CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:		OSPITAL:		OTHER:		OEATH (Check				
5 ≥	1 VES 2 NO	Inpatient 2 ER/Outp	patient 3 DOA		Home 5 🗆		Other (Specify) ed. OESCRIBE HOW I	NUMBY OCCU	RED	
marked, BY PH	1 Natural 5 Pending 2 Accident triveatigation	(Month, Day, Year)	IN	JURY M	WORK?	□ NO				
28 Is	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory	office	2	ef. LOCATION (Street of City or Town, State)		Rural Route	Number,
IMPORTANT: If Item O BE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0									d menner se stated.
IMPORTA TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	/ aw	- Hou	SIM	29c. LI	0 38 7	770	29d. DATE S	SIGNED (MC	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	MAN ,	ATH (ITEM 27) (Typ	Pring // 9	00	Cal	on Au	e B	Bello	no 21229
	31. DAMA (Month & 1890 gu	32. REGISTRÁR'S SIGN	ATURE MALE							

OLTH. I.

0.00

10
-
4
13146
4.7
BOX
0
~
**
-
O
م
-
S
RECORDS,
OC.
-
0
0
iii
-
4
-
VITAL
u.
OF
DIVISION
0
\leq
(0)
97
>
-
0

1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.						
1. DECEDENT'S NAME (First, Middle,	- A 1	n: 11 ER		2. DATE OF DEATH MONTH DO) 1998	3. TIME OF DEATH P				
4. SOCIAL SECURITY NUMBER 219-44-8882	1 🗆 M 2 🔀 F 🗸	5 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)	44	BIRTHPLACE (State or Foreign Country) Md .				
98. FACILITY NAME (If not institution, Homewood Sout	h	9b. C	TY, TOWN OR LOCATION OF D Balto.	EATH	9c. COUNTY	OF DEATH				
Md .			to.		10d. 1 🖄					
100. STREET AND NUMBER	ert Street		10f. ZIP CODE 21202		USA					
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 X NO Specif	en, Puarto Ricen, etc.)		RACE American Indian, Black, White, etc.				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)			occupation ne during most of working ccurity Admin	. Fede		vernment				
17. FATHER'S NAME (First, Middle, Last Charles Mills			16. MOTHER'S NA	AME (First, Middle, Malden Brow						
190. INFORMANT'S NAME (Type/Print) Eva Miller			ermosa Ave.,							
20a. METHOD OF DISPOSITION **A Burlel 2 Cremation 3 Clare Control of Control	Ramoval from State	AY DUTUS ME	(Name of cometery, cremetory or P.K.		butus,					
21. SIGNATURE OF FUNERAL SERVI	Masch		March F/HWe 4300 Wabash							
23. PART I. Enter the diseases, pr complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, pr heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) S. DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant con-	ditione contributing to death	but not resulting in the	underlying cause given in	Part 1. 24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	OTH	26. PLACE OF DEATH (C	heck only one)						
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 M Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Assidence 28c. INJURY AT WORK?	6 Other (Specify) 26d. DE\$CRIBE HOW	INJURY OCCUR	RED				
2 Accident investige 3 Suicide 6 Could n 4 Homicide detarmin	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, street,		281. LOCATION (Street City or Town, State	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
(Ollock Olly)	PHYSICIAN: To the best of my know					ause(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CER			29c. LICENSE NU DIG9	JMBER		IGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON	H WHO COMPLETED CAUSE OF D	WOOD Son	m bosrife	(, BALTIN	10/1	M) 21218.				
31. DATE FILED (Month, Day, Year) MAY 1 U 199	32. REGISTRAR'S SIG	Hande								

STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last) DAVID

W.

1 -

MPORTANT: If

로 등 등 등 223 B

2

296. SIGNATURE AND THE OF CERTIFIER

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 D F 217-10-8092 82 permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Granada Nursing Home Balto. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Balto. Md. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1630 N. Ellamont St. 21216 burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married ΒY 3 Widowed 4 Divorced detached for use as the 16a. DECEDENT'S USUAL OCCUPATION
'Give kind of work done during most of working ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 4th Grade College (1-4 or 5+) COMPL Laborer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden David McCready should be Dorothy Ennels notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow 2 Winfreta D. Cannon 1630 N. Ellamont St., Balto., director, page 5 20a, METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 20a, METHOD OF DISPOSITION

1 N Buriel 2 Cremation 3 Ramoval from State

4 Donation 5 Other (Specify) Garrison Forest Vet. Cem. examiner 22. NAME AND ADDRESS OF FACILITY ST MAINTER TO WAS TO WAS TO AUF. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral ala medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respi filled in by ahock, or heert felfure. Liet only one cause on each line. 6 **IMMEDIATE CAUSE (Fine)** other traumatic event, the cremation. disease or condition Toule My ocandial
DUE TO (OR AS A CONSEQUENCE OF): Acule nding physician and completely Hygiene prior to burial, crematic resulting in death) executed within Cerehro VOSCHIN accident CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury that initiated events resulting in death) LAST pulmony hiberculous 0 signed by the atter Health and Mental shows any injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL depandar clabeles mellitu Insulin Demenno f. of F PHYSICIAN: has be Dept. 23 PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) r this certificate h Tem-HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Netural 5 Pending 1 YES 2 NO E HOSPITAL OR ATTENDING PI E FUNERAL DIRECTOR: After th d within 72 hours after death v After 1 death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end ma

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEX HI

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, as

5008 4k

A REGISTIVES AIGHATURONO AND

MCCREADY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO. 2. DATE OF DEATH

05

7. DATE OF BIRTH (Month, Day, Year) 6 2

18h KIND OF BUS

28d, DESCRIBE HOW

Balk mb 21212

	00 100							
HYGIENE	90 12712							
REG. NO.								
F DEATH DAY YE	AR 3. TIME OF DEATH							
:07:199	C							
E BURTH 8 I	BIRTHPLACE (State or Foreign							
2 07	Md .							
9c. COUNTY	OF DEATH							
	40.4 10.000 0.000							
	10d. INSIDE CITY LIMITS?							
	1X YES 2 NO							
10g. CITIZEN	OF WHAT COUNTRY?							
US	А							
can, etc.)	RACE — American Indien, Black, White, etc.							
	BTack							
CIND OF BUSINESS/INDUST	RY							
	I							
ddle, Malden Surname)								
nnels								
r, City or Town, State, Zip Coo	fe)							
to., Md.	21216 I							
20c. LOCATION — City								
Owings Mills, Md.								
+								
£ .								
ec or reepiratory erreet								
	interval Between Onset and Death							
nichest								
sus beet	501							
,	1							
or t	!!!							
00								
04- 1000 441 (4000000	OAL WEST AUTODOX STORY							
24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
1 YES 2 10 10	COMPLETION OF CAUSE OF DEATH?							
- 4	1 VES 2 NO							
	I LI TES Z LIVINO							
)								
(Specify)								
CRIBE HOW INJURY OCCURED								
TION (Street and Number or in Town, State)	Rural Route Number,							
,								
e(s) end manner as stated.								
and place, and due to the c	suse(s) end menner es stated.							
	AUT AL							
	GNEO (Month, Day, Year)							
5	1719D							

SITE I

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTHE OF MINITES	CERTIFI			DEATH	MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ELEANOR M. MERRYMAN 2. DATE DF DEATH MONTH 05 - 07-90								YEAR	3. TIME OF DEATH 8:46P	М	
OR	4. SOCIAL SECURITY NUMBER 220-14-3284	5. SEX 6. AGE (I	yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			7. DATE	7. DATE OF BIRTH (Month, Day, Year) (1 - 11 - 15		8. BIRTHPLACE (State or Foreign Country) MD		gn	
	90. FACILITY NAME (If not institution, give st GREATER BALTIMOR	E MEDICAL CEI	NTER			IMORE	EATH	TOWS				
ב	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c CITY	r, TOWN D	R LOCATI	DN					10d. INSIDE CITY	
DIRECTOR		TIMORE		SPA		Table					LIMITS?	,
	10e. STREET AND NUMBER	L		_	ZIP CODE		10g. CITIZEN DF WH					
ER	15112 YORK RO	AD				21152				T	U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	1	yes, Spe		en, Puerto F	n, Puerto Rican, atc.)			E — American Indian, k, White, etc. //y: WHITE	
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OC	CUPATIO	N	16b.	KIND OF BUS	INESS/INC	DUSTRY	WIIIIE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	e retired.) BUYE		it or working		DEPT.	ST	ORE		
BE CON	17. FATHER'S NAME (First, Middle, Lest) JOHN P. 1	MAYS				16. MOTHER'S NA EDN	AME (First, II		Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) MAJOR PITT MCL	. MERRYMAN				ROAD .				1152	2	
	20a. METHOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LIC		2			D ADDRESS OF FA					OAD 2121	L 2
	Toderon	M. ter	tinsk								ALTO, MD.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition The property of the cause of the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, and the cause of the ca											
z	insense or condition resulting in death) Due to (or as a consequence of): Acut Perforited Choleystitic and											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (ON AS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF):											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
DICAL		_						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAL	
PHYSICIAN: MED	1 YES 2 NO OF DEATH? 1 YES 2 NO											
IAN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C	heck only or	ne)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp	ationt 3 DOA	OTHER 4 Nur		e 5 🗆 Raaldence	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH 1 Metural 5 Pending (Month, Day, Year) 2 Accident Investigation			29b. TIME OF 18b. INJURY AT WORK? 1 YES 2 ND			28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
TED BY	3 Suicide 6 Could not be determined											
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE											
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	N	CHARL	EI	57.7	100	101	21204	
	31. DATE FILED (Month, Day Year)	32 REGISTRAR'S SIGN		,							1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be recaised by the hospital or amending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attanding physician and completely filled in by the funeral director, page it should be detached for use as the burlait be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Lilia Tavidan Bardelle

DHMH-16 Rev

31734 BH

2 2

2

.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arte TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDIESS OF PER

(M) + S

31. DATE FILED (Month, Pay, Year)

MAY 1 01990

E,

	FOR	STATE OF MARY	AND / DEPA	RTMFN	TOFH	IFAITH AND	MENTAL	HYGIEN	91	0 1	2714
	1 - STATE REGISTRAR	OINIE OF MINITI				DEATH	MEH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. OATE	OF OEATH	V VE	AR 3. TI	ME OF DEATH
	OLIVE MAY RICHARDS MACKEY								90	5 3	: 25 0
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Day, Year)		DIRTHPLAC	E (State or Foreign
DIRECTOR	214-36-9340	1 M 2 X F	74 YRS.	MORTING	DATO	HOURE WIR.		11-	15 1	ENGL	AND
	9a. FACILITY NAME (If not institution, give str	OR LOCATION OF			9c. COUNTY	OF OEATH					
	Union Memorial	Baltimore City									
	10a. STATE 10b. COUNTY	ITY, TOWN	TOWN OR LOCATION 10d. IN						INSIDE CITY		
	MD	MOR	ORE, CITY 10d. INSIDE								
	10e. STREET AND NUMBER				101	. ZIP COOE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	200 CROSS KEY	S ROAD			21210				U.S.A.		
1 S.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES7 1 YES	IN D.S. ARMEO	13.		ENDENT OF HISP			or No- 14.	RACE - A	merican Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			1 YES	city Cuben, Mexic 2 NO Spec	can, Puerro r city:	sican, etc.j			WHITE
			1					770 1171			
TED	15. OECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT (Give kind of the Do NOT	of work done use retired.	during mo	ost of working	166.	KIND OF BU	SINESS/INDUST	RY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSE					H NWC	OME		
	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S N	IAME (First, A	fiddle, Meiden	Surname)		
E O	JOHN HOWES						TRIC		ECH		
E m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street e	nd Number or Run	I Route Numb	oer, City or Tow	n, State, Zip Coo	de)	
5	DEBORAH B. BERMAN 3315 BANCROFT ROAD. BALTO, MD. 21215										
1801	20a. METHOD OF DISPOSITION Description										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD. 2121 H.W. JENKINS AND SONS CO. BALTO. MD.										
Svent, me meutos	immediate Cause (Fine) disease or condition resulting in death) a. Cardase orrest									Approximate interval Between Onset and Death	
IAN: MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO									LABLE PRIOR TO IPLETION OF CAUSE DEATH?	
	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Check only or	16)			
SC	EXAMINER? 1 YES 2 MO HOSPITAL: OTHER: 1 Weight and DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
TED BY PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 No. 1 Yes 2 No.						28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident investigation							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	one)	CIAN: To the best of my kno								suse(e) and	manner se stated.
O BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	is h	m			29c. LICENSE N			29d. DATE 8	GNED (Mor	ith, Day, Year)
1	IS 20 NAME AND MUNICES OF DEDGON WAY	O COMBI ETER CALIFE OF	SEATH STEM OF S	Luna Dulasi							

CAUSE OF DEATH (ITEM 27) (Type, Print)

32: REGISTRAR'S SIGNATURE
DEVILON-ACHDER

OHMH-18 Rev 1/89

M

21

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Menical Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			TENTAL HYGII					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY 1	3. TIME OF OEATH			
	ELIZABETH	MORRISON				MAY		90 8 28AM			
тов		SEX 6. AGE (F UNDER † YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH	0	BIRTHPLACE (State or Foreign Country)			
	214 38 2202	☐ M 2 🔽 F	77 YRS.	ONTHS DAYS	HOURS MIN.	Oct. 17	, 1912	West Virginia			
	9a. FACILITY NAME (If not institution, give street	and number)	1	b. CITY, TOWN C	R LOCATION OF DEA	ATH	9c. COUNT	Y OF DEATH			
	PRINCE GEORGE'S HO	SPITAL CENT		CHEVE			PRIN	PRINCE GEORGE'S			
R	10a. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIGE CITY LIMITS?				
۵	Maryland Prince G	Up	per Mar			1 TYES 2 NO					
FUNERAL DIRECTOR	100. STREET AND NUMBER 12317 Chesterton I			. ZIP CODE .0772			10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN			ENDENT OF HISPANI		Yea or No- 1	4. RACE — American Indian, Black, White, etc.			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxican 2 NO Specify:	i, Puerto Rican, atc.)		Specify:			
BY	3 🖾 Widowed 4 🗌 Divorced			1				White			
	15. DECEDENT'S EDUCATE (Specify only highest grade com	ON npleted)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during mo retired.)	ON et of working	16b. KIND OF	BUSINESS/INDU	STRY			
<u> </u>	Elamentary/Secondary (0-12) C	College (1-4 or 5 +)									
COMPLETED		5+	Senoc	1 Teach			cation				
	17. FATHER'S NAME (First, Middle, Last) Samuel Sheets				Committee of the Commit	AE (First, Middle, Maid	den Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)			000506 (044	Lucy Sh		T Ot 71- 0	N-d-1			
9	Samuel Morrison (so	on)			Rd., Col						
	20e. METHOD OF OISPOSITION		PLACE OF DISPOSIT					ity or Town, State			
	1X Buriel 2 ☐ Cremetion 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State	other blace)								
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Capitol Funeral Service										
	23. PART i. Entar the diseases, or com	vane			s Church	•	-1-4	a I action will			
	shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on e	ech line.	dias	Inf	arcte	n.	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentisity list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
8	d										
CAL	PART II. Other signiticant conditions c	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO									
	1 Clast Alsertion abdenying 1 - YES 2 NO COMPLETION OF CAUSE DF DEATH?										
PHYSICIAN: MEDI	Jothe anturym with										
ä	Tarto- Femoral Witwoodin Grast										
CIA	25. WAS CASE REFERENCE TO MEDICAL 26. PLACE OF OFATH (Chycle only one) EXAMPLER? OTHER:										
YSI	1 - YES 2 X NO 1	Competient 2 - Ethous	patient 3 🗆 DOA	t Nursing Hor	m 5 □ Residence						
PH	27. MANNER OF DEATH 1 Manual 5 Pending	(Month, Day, that)	28b. TIME INJU	RY WC	DRK7	264. DESCRIBE HO	M INTRIA OCCU	MED			
BY	3 Accident Investigation										
TED	3 Suitcide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or flown. Street Mumber or Paral Route Mumber of P										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or invegtigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
8			arrarur investigation	, ar my opinion, (
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER										
5	30. NAME AND ADDRESS OF PERSON WHO C				1 6	a:	1	. 1 1			
	William Holbrook, MD, Prince George's Hospital Center, Cheverly, Maryland										
	31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE MAY 1 () 1000 Sile Naindron Pandalle										

01151 00

.

υ

160

X 198

and the same of

9.1.9

Stee Co.

in the second se

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-7-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E	
DECEDENT'S NAME (First, Middle, Last)	Notemai	a/			2. DATE OF DEATH	Y YEAR	
A SOCIAL SECURITY NUMBER		The same of the same	NDER 1 YEAR OF L	INDER 24 HRS.	5/5/90 7. OATE OF BIRTH	a pig	12:35A.MM
170-20-1732	1 M 2 X F	YRS. MON			(Month, Day, Year)	592 000	ntry)
9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN OR LO	CATION OF DE		0c. COUNTY OF	OEATH
CHURCH HOSPITZ	AL CORPORAT:	ION	BALTIMO	DRE CI	TY	BA	1,000
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	~	44. 0070 700	WN OR LOCATION				Land more over
MD.	*)D 0.TH	777		10d, INSIDE CITY LIMITS?
100. STREET AND NUMBER		I D	ALTIMOF		Ţ	10a CITIZEN OF	1 YES 2 NO
2640 ASHLAND	۵ <i>۱/۱</i> ۲		212			100.0112211	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED			IC ORIGIN? (Specify Yes	or No.— 14. RA	CE - American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO ES	It yes, specify		n, Puerto Rican, etc.)		eck, White, etc.
Widowed 4 Divorced				_		N.	egro
15. DECEDENT'S EDU (Specify only highest grad		(Give kind of work of	AL OCCUPATION fone during most of t red.)	working	16b. KINO OF BUS	BINESS/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	1 Abo					
17. FATHER'S NAME (First, Middle, Last)		L/100		MOTHER'S NA	ME (First, Middle, Maiden	Cump ma)	· · · · · · · · · · · · · · · · · · ·
EDAIK M	nelad		100	Van	1 1	11/0 h	1
19a, INFORMANT'S NAME (Type/Print)	DICY	19b. MAILING AOD	RESS (Street and No	imber or Rural F	Route Number, City or Tow	n, State, Zip Code)	
Florence	Perkins	2641	Ach	land	Ave 1	Balor	· md 2/200
200 METHOD OF DISPOSITION		PLACE OF DISPOSITIO	N (Name of cemetery	cremetory or	20c. LO	CATION — City or	Town, State
Buriel 2 Cremetion 3 Rem	loval from State	other place)	BARTIE	1.	Seo	Hs ville	V.A.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/	22. NAME AND A	DORESS OF FA	CILITY		
Betts 1	-unexal	Home	112	911. (Panalin	1. 5	1
23. PART i. Enter the diseases, Dr			nter the mode o	f dying, suci	h aa cardiac or respi	ratory srrest,	Approximats
IMMEDIATE CAUSE (Finel	Liet Dniy Dne ceuse On eed	CONG	ESTIVE,	HEART	FAILURE		interval Between Onset and Death
diacese or condition resulting in death)	· Conges	tive	teart	10	Eilune		
	DUE TO (OR AS A	CONSEQUENCE OF):					
Sequentially list conditions,	b	CONSEQUENCE OF):					
if any, leading to immediate cause. Enter UNDERLYING	202 10 (011 10)1						į
CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF):					
reculting in deeth) LAST	d						
PART II. Other algorificant condition	ne contributing to deeth bu	t not resulting in th	e underlying ce	use given in	Part I. 24a, WAS AN	ALITOPRY 2	4b. WERE AUTOPSY FINDINGS
Train in one against others		t not roughly in the	o onconying oo	aso given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES 2	NO	OF DEATH?
					- 1		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20, PLACE	OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1. Inpetient 2 ER/Outpet		HER: Nursing Home 5	☐ Residence	6 Other (Specify)		
27. MANNER OF OEATH	20a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJURY WORK?	AT	28d. DESCRIBE HOW	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation		107.33	M 1 TYES	2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, streety)	, factory, office		261. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
4 Nomicide determined							
Torreck orany	SICIAN: To the best of my knowle						e(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER O		290	LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)
Sakah (1)	1 Mar	M.D.	D	377	725	15/	5190
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	1 1	ŞAE	BAH A., AL	ATTAR	R, M.D.
Sabah A. A	22. REGISTRAR'S SIGNA	MD,	churer	TURCH	HOSPITAL	Saltin	nera, MI)
MAY 9 1990 fu	Lie Navidson-Randa						
90	In short man, all						DHMH-18 Rev 1/6

S. Sec.

	once.
	100
	notified
	P
	ner must be
ı.	盲
'emova	nt, the medical exa
6	E
ation,	the
, crem	event
Duria	atic
2	5
ě	ner traumat
lygiene	other
re	0
Meri	Injury
Jan.	=
of Health and	hows a
opt. o	53
State De	item 23 sho
he	ö
leath with	sm 28 is marked, or item 23 shows any injury, or oth
ter o	200
S at	2
hour	iten

IMPORTANT: I

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) 1. DHN PIIST.OSKT 2. DATE OF DEATH MONTH DAY YEAR
	4. SOCIAL SECURITY NUMBER 5. SEX 1
AC.	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 9c. COUNTY OF DEATH BALTIMORE CITY
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 Ves 2 \(\triangle \t
FUNERAL (100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2013 POrtugal St. 21231 U.S.A.
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12 As Secedent Eyer in U.S. Armed in J. Was Decembert OF Hispanic Origin? (Specify Yee or No-New Merried 2 Merried 3 Widowed 4 Divorced 13. Was Decembert OF Hispanic Origin? (Specify Yee or No-New Merried 1. RACE — American Indien, Black, White, etc. 1 Yes 2 No Specify: 14. RACE — American Indien, Black, White, etc. 1 Yes 2 No Specify: 14. RACE — American Indien, Black, White, etc. 1 Yes 2 No Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working in Do NOT use patient.) 18b. KIND OF BUSINESS/INDUSTRY
	17. FATNER'S NAME (First, Middle, Last) Villa Pay Purlante: 18. MOTHER'S NAME (First Apolice, Maiden Surgame)
TO BE	1907 INFORMANT'S NAME PROPERTY. CECULIA TUST STEEL 2013 To TUST TO BE ALLEGED (Stepper and Alleged of Floring Pages) Murpor Copy of Tower, State Sp Cooling Val 21231
	20a METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 25.25 Floring 21.24
	23. PART I. Enter the management or complications that caused the death. Do not enter the made of dying, such as cardisc or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel
	disease or condition resulting in deeth) s. Electromechanical dissociation hour due to (or as a consequence of):
NOI	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):
CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events Due to (or as a consequence of):
CERT	resulting in death) LAST
N: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cereborovaschiar accident a
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year)
TED BY	2 Accident impetigation 3 Suicide S Could not be Betermined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 4/26/97
<u></u>	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Voler) 4/2C/93 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE) OF DEATH (ITEM 27) (Typo, Print) May 3 - 1990 July Davidson Prints 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Voler) 4/2C/93 31. DATE FILED (Month, Day, Voler) 32. REGISTRAR'S SIGNATURE MAY 3 - 1990 July Davidson Prints 129d. DATE SIGNED (Month, Day, Voler)
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE MAY 3 _ 1990 July Davidson Rendered DHAM 18 Rev 1/88

Approximata Interval Between **Onset and Death**

3. TIME OF DEATH 5 43 A M

7	deat	fune		еха
3	after	y the	mova	ca
	OULS	d in t	or re	med
7	24 h	fille	ion.	9
6	vithin	pleteh	rema	al,
1	v bet	COM	ial, c	EV.
2	DOCU	and	ña o	nati
5	e De	sician	rior t	Iran
á	ificat	phy	ene p	her
j	n cert	nding	Ę)r 0
_	death	atte	ental	Ž,
2	the	y the	Z D	Ē
5	s that	peu	it a	ашу
2	quire	n sign	Hea	OWS
Ĕ	W re	pee:	pt. o	3 sh
I	The la	e has	le De	m 2
	AN: 1	ificat	Sta	r ite
	SICI	s cert	th the	ď, o
2	PH S	r this	th wi	arke
5	DING	: Afte	dea	E
0	ATTE	CTOR	afte	28
DIVISION OF VIEW RECORDS, F.O. DOA 13149,	OR.	DIRE	hours	item item
	MI	RA	2	= :
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exan
	出	기구는	filed	POR
	2	2	2	Ξ

BY PHYSICIAN

BE COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending investige

6 Could not be determined

1 - YES 2

27. MANNER OF DEATH

1 Netural
2 Accident

3 Suicide

4 Homicide

		1 - FOR STATE REGISTRAR		STATE OF	MARYLA	ND / DEPAR	TMENT OF			MENTAL	HYGIEN REG. NO			
	,	1. DECEDENT'S NAME (First,		REGOY		1				2, DATE O		ř	YEAR O	5 43 A
		4. SOCIAL SECURITY NUMBER 218 - 26 - 5		5. SEX		yrs. lest birthday) yrs. YRS.	IF UNDER 1 YEA		124 HRS. MIN.	7. DATE O (Month,	BIRTH Day, Year)		Balti	more, MD
z, 3 srouig	OR	90. FACILITY NAME (If not in	rapito		Itimo	RE		HIMOT		ATH		9c. COUN	ITY OF DEA	тн
permit. rages 1,	DIRECTOR	RESIDENCE OF DEC	10b. COUN	timore Ci	Ltv	110.2	y, town on Lo Baltim		tv				1 1	Dd. INSIDE CITY LIMITS? YES 2 \(\subseteq \text{NO} \)
	FUNERAL	10a. STREET AND NUMBER 4248 F						101. ZIP COD 21211	E					AT COUNTRY?
uve burlar-transin	BE COMPLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divo	Married	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 (100	If yes		ın, Mexica	en, Puerto Rican, atc.) Blec			Black, 1	- American Indian, White, atc. White
ed for use as		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Legal secretary			18b. KIND OF BUSINESS/INDUSTRY Real Estate						
at once.		17. FATHER'S NAME (First, M Harry J		ır						ME (First, M	iddia, Maiden Lters	Surname)		
notified	TO B		s D.	Peregov	.4	19b. MAILING	4248 ¹	Falls						1211
must be		20s METHOD OF DISPOSIT 1 Duriel 2 Crematic 4 Donation 5 Other	Specify//		20b.	PLACE OF DISPO other place)	raine	Park			W	oodla	wn, M	D
al. examiner		21. SIGNATURE OF FUMERIA	al	STANSEE /	Jen.	27		and address		Ъ				eral Home 21211
cremation, or removernt, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, affock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):												
en signed by the attending physician and completely lined in by the of Health and Mental Aygiene prior to burial, cremation, or removal shows any Injury, or other traumatic event, the medical is	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. LIVE Metalized DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
been signed by the attention of Health and Mental shows any injury,	I: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							VERE AUTOPSY FINDING MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES \(\) NO					

1 🐹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the be

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

296. SIGNATURE AND TITLE OF CHITEFIER PO41 Resident 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

26c. INJURY AT WORK?

1 YES 2 NO

OTHER

4 Nurs

26. PLACE OF DEATH (Check only one)

9310

Hospital

ne 5 🗆 Residence 6 🗆 Other (Specify)

26d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Baltimore

	-	2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		
30. NAME	ND ADDRESS	OF PERSON WHO COMPL	ETED CAUSE OF DEATH (IT	EM 27) (Type, Prin
			4 4	

MARK Esposito 31. DATE FILED (Month, Day, Year) 5-

32. REGISTRAR'S SIGNATURE

HOSPITAL:

1 Sinpatient 2 ER/Outpatient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

. 90

3. TIME OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

2 23

2. DATE OF DEATH MONTH 05 a owe oren ce 90 6. AGE (In yrs. lest birthday) 4 SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DE BIRTI 1 🗆 M 2 🗹 F MONTHS DAYS HOURS MIN 7-36-1018 Marth Cardin 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Baltimore Towson, MD 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MIG FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 220 book 21212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1
YES 2 NO Specify: FORCES? 1 YES 2' 2 NO 1 Never Married 2 Married Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5 +) CAOTHING Secondinax mals ero 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden St. 3 MES ITGINIF BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow 5 A. Balts 3 VONIA YNCH 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of or 20c. LOCATION - City Buriel 2 Cremation 3 X Removal from State ROVE 4 Donation 8 Other (Specify) MITTELEN SIGNATURE SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY oreply to entral 00 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart feilure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease pr condition statio adeno car cinom as meta resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events QUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home 8 | Residence 8 Nother (Specify) HOSPICE HOSPITAL 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE ilevande D 27087 5-9-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204 31. DATE FILED (Month: Day Year) 32. REGISTRAR'S SIGNATURE Navidson-Randelle 1000 **DHMH-18 Rev 1/89**

d	2	Di di	-	
		, 2, 3 shou		
1		of Paris	١	
	•	Ž	,	
BALTIMORE, MARYLAND 21203-3146	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer. Page 1, 2, 3 should	moval.	them 90 is marked or item 92 shows any injury or other trainmatic awant the madical avantines much he entitled at once
	uno	ly filled in	ation, or r	the me
13146,	executed within	and complete	o burial, crem	matte avant
BOX	ficate be	physician	ne prior 1	har fram
P.0.	eath certi	attending	ntal Hygie	v or of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	been signed by the	at. of Health and Me	2 chaus any inite
/ITAL	AN: The la	ificate has	State De	r Ham 2
OF	PHYSICL	. this cent	with the	o pupa
DIVISION	OSPITAL OR ATTENDING	UNERAL DIRECTOR: After	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AMT. 16 Ham 20 is me

	1. DECEDENT'S NAME (First, Middle, Lest) RIGHT (HAVE US)	2. DATE OF DEATH	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6 UNDER 1 YEAR 6 UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE								
	230-03-5644 1 1 F 79 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) (2/12/10	VA						
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BATTMUKK								
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY						
DIRECTOR	MD BALTIMONE BATTMO	Kh	LIMITS?						
FUNERAL	100. STREET AND NUMBER 4940 4PSTANN AVS. 101. ZIP CODE 2/2	2 4° log. CITIZEN	US A						
B	11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify, Cyben, Martican, Puerto Rican, etc.) 1 YES 2 NO Specify:								
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INOUST	'RY						
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 =)								
BE CON	15, MATHER'S HAME (From Mintell Laub) 16, MOTHER'S NA MAY	ME (Fire Afficiate Macdan Surragno)	e)						
10	Flat Guerdensig 1114 Cathedral 3t	DIGO K	d 21201						
	20a. METHOD OF DISPOSITION 1	2007 OCATION - City	or Town, State						
- 1	21. SIGNATURE OF FUNERAL SERVICE 1	or walle	& Kerew						
	De Chiller 343	Marketen S	29						
	23. PART .: Enier the dispases, or computations that caused the deeth. Do not enter the most of dying, such ahock, or heart failure. List only one cause on each line.	h as cerdiac or respiretory arrest	Approximate Interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PNEUMONIA		Onset and Death						
_	DUE TO (OR AS A CONSEQUENCE OF):								
OIL	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	(OR AS A CONSEQUENCE OF):							
N S	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	that initiated events resulting in deeth) LAST d.								
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
EDICAL		PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MEC			1 TES 2 NO						
ÿ									
Sici	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Ch EXAMINER?								
PHYSICIAN:	27. MANNER OF OEATH 28s. DATE OF INJURY 26b. TIME OF 28c, INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCUR	EO						
ВУ Р	1 Netural 5 Pending Investigation 2 Accident Suicide 8 Contident 28e. PLACE OF INJURY — At home, farm, street, factory, office	28t. LOCATION (Street and Number or I							
ETED	3 Suicide 6 Could not be determined 2200. PLACE OF INJUNY — At home, farm, street, factory, office building, etc. (Specify)	City or Town, State)	nural riudie reunium,						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and pieca, and due medical examination and/or investigation, in my opinion, death occurred at the		suse(a) and manner as stated.						
BE C	296. SIGNATURE AND TITLE OF CERTIFIER DISGRED (Morrith, Day, Year)								
0	W. Reyerld, Mes Trick A much								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4440 Mu Stew Arland	1 21	4/10						
10	William I Ma		<i>Ψ/10</i>						

Ledi C Code

Marcy 19 Wallace

attending physicial	se as the burnish		
f by the hospital or	d be detached for u		d at once.
ge 6 may be retained	Irector, page 5 shoul		must be notified
TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humanial-	or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed within 24 N	and completely fille	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	natic event, the
leath certificate be	attending physician	intal Hyglene prior to	ry, or other traur
w requires that the	been signed by the	it, of Health and Me	shows any inju
PHYSICIAN; The lan	this certificate has	with the State Dep	rked, or Item 23
AL OR ATTENDING	AL DIRECTOR: After	'2 hours after death	If Item 28 is ma
TO THE HOSPIT	TO THE FUNER	be filed within 7	IMPORTANT.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL	HYGIENI REG. NO.	Ε	
į,	1. DECEDENT'S NAME (First, Middle, Last)	N. T.	2117177			2. DATE O	OF DEATH DA	,1990	3. TIME OF DEATH
-1	HARRY 4. SOCIAL SECURITY NUMBER	N.L.	SHLAKLK				OF BIRTH	a. BIE	THPLACE (State or Foreign
à	717-07-8848	1 🔯 M 2 🗆 F	90 YRS.	монтня даув 4 26	HOURS MIN.	(Month, DEC	Day, Year)	99	MD.
OR	90. FACILITY NAME (If not institution, give at 4616 KESWICK				MORE, CI			9c. COUNTY OF	FDEATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1	TV TOWN OF 1 004	201				10d, INSIDE CITY
DIRECTOR	MD.								LIMITS?
HAL	10a. STREET AND NUMBER 4616 KESWICK	ROAD		101	ZIP CODE	210		10g. CITIZEN O	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 1 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 10 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 10 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 10 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 10 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 12 MARITAL STATUS 13. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D 14 MARITAL STATUS 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS D 15 MARITAL STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 15. WAS D 16 MARITAL STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 15. WAS D 17 MARITAL STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 15. WAS D 18 MARITAL STATUS 15. WAS D 18 MARITA			If yes, an	S DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.) YES NO Specify: WHIT				
a 1	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a, DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during made retired.)	ON at of working	16b.	KIND OF BUS	INESS/INDUSTRY	
OMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ENGI	NEER				ROAD	
O	17. FATHER'S NAME (First, Middle, Last) WI	LLIAM FRAN	KLIN SI	HEARER	IDA S			Surname)	
TO BE	196. INFORMANT'S NAME (Type/Print) ETZWEILER FUNE	ERAL HOME		G ADDRESS (Street of					
	20e. METHOD OF DISPOSITION 1	oval from State	other place!	T. ROSE	netery, cremetory or CEMETE	ERY		CATION — City of RK ROA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE CO.	Line		JENKINS	4			OAD.21212 ALTO.MD.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ERTI	that initiated events resulting in death) LAST	d	A CONSEQUENCE (
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part					Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		26 B	LACE OF DEATH (Ch	bank natu na	-1		
5	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ilatini a 🗆 est	OTHER:	1.00		,		
2	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 L DOA	1	Ne 5 Residence	7		NJURY OCCURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	II.	M 1	PRK7 YES 2 NO				
Ell o I leutata — I 200, PLAGE OF INJURY — AT BOTHS, TERROT, BITTON, TERROT, OTTICE 1 201, SAGATION (STREET IND NUMBER OF PRICE! PROVIDER NO.							ral Route Number,		
City or Town, Stelle									se(s) and manner so stated.
8				y -pmant,					
10 BE	296. SIGNATURE AND TITLE OF CERTIFIE	my ND.			29c. LICENSE NU	86		DATE SIGI	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI			5 Loch	Raven H	Blvd	. Ba	lto. M	id.
	31. DATE FILED (Month, Day, Year)	12 REGISTRAN'S SICH	NATURE TO BE						

hould

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	63		
	1, 2		
	firector, page 5 should be detached for use as the burial-transit permit. Pages 1,		
	2		
	Ë		
	ii pe		
an.	rans		
200	rial-t		
E	2		
Ding.	4		
штеп	20		
6	Sin Jo		
pital	pa pa		
SOL	tach		C.
me	a de		6
9	Q P		9
alue	hou		9
i let	5		2
ige b may be retained by the hospital or attending p	page		å
Ē	æ,		ust
age	direc		F 1
7.	era!		E.
Dean	the state of		реха
TEN	the	NOVal	7
13	5	Tel	6
mours arreit occur. Par	Poll	n, 0	E 3
7 0	4	natio	5
t the death certificate be executed within	plet	Crem	/ent
Jeen Jeen Jeen Jeen Jeen Jeen Jeen Jeen	00	ria,	3
zigec:	and	5	nati
2	cian	or to	2
cate	PyS.	e pr	er t
eralle eralle	D D	gien	5
5	tend	F	0
dea	e at	henti	un,
1	by th	Pu	E
e the	peu	th a	S
anine) Sig	Hea	OW'S
w rec	pee	f. 0	S
9	has	Dep	n 23
É	cate	State	Ten
CE	ertif	the	0
ESE ESE	his c	High	Ked.
6 P	ter th	ath	nari
Š	?: At	or de	I is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	200	afte	28
DR A	JIRE	SUNO	ше
to the Hospital or attendin	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par	72 h	IMPORTANT: If Item 28
SPI	NER	Third	Ä
土	E FU	d with	RTA
H	H	file	400
H	\vdash	2	=

BE

2

TKSLety

90 12722 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO DAVID SCOTT 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH SI SCOTT DAVID 3.55 CM 5 970 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 M 2 □ F DAYS HOURS 2-28-1 218-07-3273 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto. MO DIRECTOR CHURCH HOSPTTAT 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 1 X YES 2 NO MD BALTIMORE 101. ZIP CODE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 □ YES 2 P NO Specify: 1808 N BROADWAY 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Black BY 3 Widowed 4 Divorced 21 0945 2 man 41 COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elamentary/Secondary (0-12) College (1-4 or 5+) outer erondery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wright SHARVOK Scott 5AbeLLE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 dNA mne 808 BROAdWAY BALTO. Scoll md. 21213 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of com-20c. LOCATION - City or Town, State GARRISON 1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) millo Ownsp (Km ForesT 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pentral a 19. Juneral Home 1304 oregely 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ CARCINOMATOSIS OF ABDOMEN resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO etient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Rasidenca 8 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER

Thank anh

1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(a) and memner as stated. 29b. SIGNATURE AND JITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) 29c, LICENSE NUMBER

MD. SHETTY

32. REGISTRAR'S SIGNATURE

Hospertal

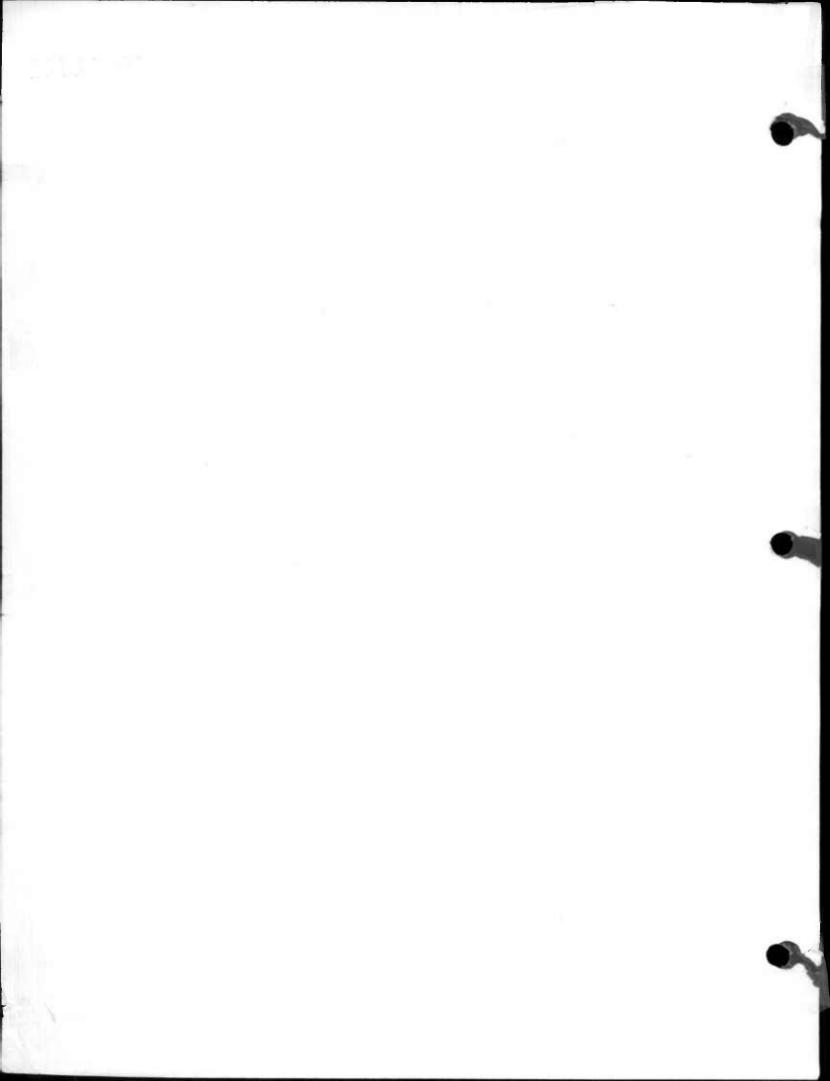
110

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

90

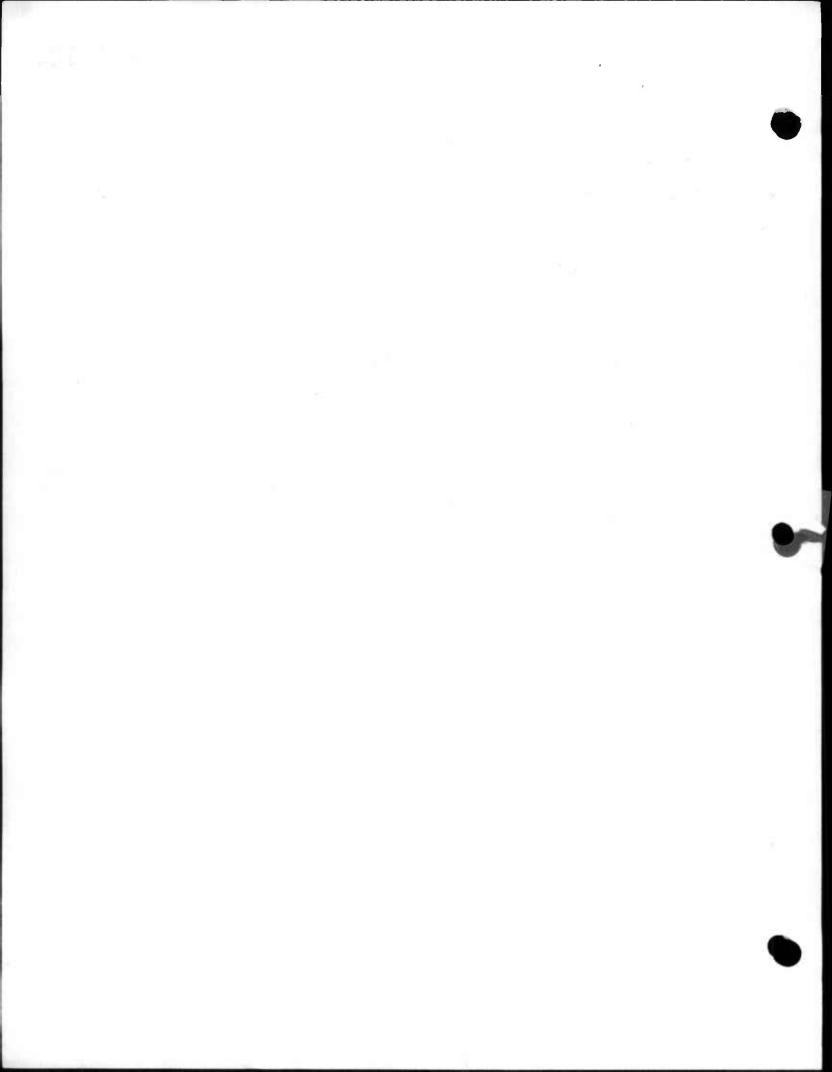
5

100 N. Broadway



BALLIMORE, MALITAND	after death. Page 6 may be retained by the hosp	y filled in by the funeral director, page 5 should be detache tition, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the man after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	IEALTH AND I		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	_	Thomas		2. DATE OF DE		YEAR	3. TIME OF DEATN	
	Joseph	EDNARD	TH	OZANO	₩	5/5/		TEAR	2:45 PM *	
	4. SOCIAL SECURITY NUMBER 214-28-9890	5. SEX 6. AGE 53	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIR Month, Day May 28	TH (687) 1036	8. BIRT	NPLACE (State or Foreign try)	
	9e. FACILITY NAME (If not institution, give		YRS.	AL OUTY TOWN	OR LOCATION OF OE			Ma UNTY OF I	ryland	
r	3501 Belmont Ave			Glyno				re County		
3	RESIDENCE OF DECEDENT									
DIMECTOR	Maryland Pri	nce George's	Lau	r, town or loca	TION				10d. INSIDE CITY LIMITS? YES 2 NO	
	100. STREET AND NUMBER	ice deolge s	101. ZIP CODE				10a CF	TIZEN OF	YENYES 2 □ NO WHAT COUNTRY?	
BY FUNERAL	11731 South Laure	el Dr.	20708						States	
5	11-MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPAN			14. RAC	E — American Indian,	
-	Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	ATES	1 T YES	ectly Cuben, Mexica 24 NO Specify	n, Puerro Hicen, i ⁄:	rc.)	Spec		
	15. DECEDENT'S ED	DUCATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/IN	DUSTRY		
בובת	(Specify only highest gra- Elementery/Secondary (0-12)	de completed) Collage (1-4 or 5+)	(Give kind of vi life. Do NOT us	vork done during m se retired.)	ost of working					
COMPL	8th.		Labo	orer			Privat	æ		
3	17. FATHER'S NAME (First, Middle, Last) Bernard Ignatius	Johnson			18. MOTHER'S NA	ME (First, Middle, tta Tho:				
۳ ۳	190. INFORMANT'S NAME (Type/Print)	OOTITISOIT	195 MAII ING	ADDRESS (Street	and Number or Rural I			Tip Code1		
2	Henrietta Thomas				aurel Dr				20708	
	Burlai Commellon 3 - Re	20	b. PLACE OF OISPOS	SITION (Name of ce	metery, crematory or		20c. LOCATION -			
	4 Done ion 5 D Other (Specify)		Harmony	Memoria	l Park				Maryland	
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE M	22. NAME AND ADDRESS OF FACILITY				wJ.B. Jenkins Funeral Home Rd. Landover, Maryland 207			
	Jenny	6 Bleat	1	- /4/5	Landove	r wa. n	andover	, p 1410	LYIMM 20703	
	23. PARY I. Enter the maaasea, o shock, in heart failure	r complications that causa a. List only one cause on a		not antar tha m	oda of dying, suc	h se cardiac o	r reapiretory a	rrest,	Approximate Interval Batween	
	INMEDIATE CAUSE (Final disasse or condition	6.74				/			Onset and Death	
-	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	th Terry	DITRUSE	Myocano	in Infa	nur.		
z		· Athe	roscleration	· heart	1 vosulan	Lisa			5 425	
ERTIFICATION	Sequantially list conditions, if any, lasding to immadista	DUE TO (OR AS	A CONSEQUENCE OF	F):					0	
2	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF	F):					+	
	reaulting in death) LAST	ď								
0	PART II. Other significant conditi	one contribution to death	but not resulting	in the underlyis	o cause alven in	Part I 24a 1	WAS AN AUTOPS	v 24	b, WERE AUTOPSY FINDINGS	
SA	TAIT II. Otto Significant Condition	one continuently to death.	out not resulting	in the dioerry	ig cause given in		PERFORMED?	· •	AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						_ '	YES 2 NO		OF DEATH?	
						_				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. F	LACE OF DEATH (Ch	neck only one)				
PHYSICIAN:	1 TES 2 DAG	1 Inpatient 2 ER/Out		4 - Nursing No	me 5 Residence					
H	27. MANNER OF DEATN 1 Notural 5 Pending	20a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	W YRUE	JURY AT ORK? YES 2 NO	28d. DESCRIBE	O YRULNI WON	CCURED		
84	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, farm,			281. LOCATION	(Street end Numb	per or Rura	Route Number,	
	4 Nomicide determined	building, etc. (Spe	ecity)			City or Tow	n, State)			
COMPLETED	29e. CERTIFIER (Check only	YSICIAN: To the best of my know	wledge, death occurr	ed at the time, de	e and piece, and due	to the cause(e)	end menner as s	taled.		
∑ O	anal .	INER: On the beele of examination	on end/or investigation	on, in my opinion,	death occured at the	time, date end p	lace, end due to	the ceuse	(e) end manner ea stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIF	IEN OI .Y			29c. LICENSE NUI				D (Month, Day, Year)	
0 8	Julian	Januarys	=======================================		1220	039 > 5.8.90 Involones MD				
	30. NAME AND ADDRESS OF PERSON	NO COMPLETED CAUSE OF D			701/ax	Torrolo	NED M	0		
	31. DATE FILED (Apogth, Clay, Year)		NATURE AND	2 10	1608					
	31. DATE FILED (MOOTE, Day, Year)	32 REGISTRAN'S SIG	V-Value							



ô	· F	8
t	2	100
2	DOG	and
<	2	jan
	hcate	physic
j	certi	ding
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	death	atten
0	the	the
2	100	5
5	th s	ned
5	ire	Sig
L	requ	Deen
-	AMP.	SE
<	The	te ha
	3	fical
-	S	ert
5	PHYS	this c
Z	ING	fter
2	8	ä
0	E S	6
2	R	IRE
	7	0 7
	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	NERAL DIRECTOR: After this certificate has been signed by the attending physician and comple

REGISTRAR				ICATI).		
1. DECEDENT'S NAME (First, Middle, Last)								MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Radcliff C. TAP	SCOTT							May	03	1	990°	2:40
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	st birthday)	IF UNDER	DAYS	IF UNDER	MIN.	(Mont	OF BIRTN h, Day, Year)		8. BIRTN Countr	IPLACE (State or Foreign)
578-40-9620	1 X M 2 □ F	58	YRS.		- SAITO				y 19,	1931	931 Virginia	
9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN OR LOCATION OF DEA								EATH	
AMI DRS' HOSPITA	AL OF PG	COUNTY		Lanham				Prince			nce (George
RESIDENCE OF DECEDENT												
10a. STATE 10b. COUNT			10c. CI	TY, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS?
Maryland Prin	ce Geor	ge's					owi	e		-		1 TES 2 THE
100. STREET A Lottsford					101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
4405 Rottsfo	rd Vist	a Road			2	2072	0			Uni	ted	States
11. MARITAL STATUS		T EVER IN U.S. AR							N? (Specify Ye Rican, etc.)	es or No-	14. RACE Black	— American Indian, c, White, etc.
1 Never Married 2 XMarried 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO			rirouni, uso.;		Speci	Hy:
											Bla	ack
15. DECEDENT'S EDU (Specify only highest grade		(G	live kind of	work done	during mo		ng	161	. KIND OF BI	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe	. Do NOT u	use retired.)								
12th Grade		P.	G.	Eque	estr	cian	Ce	nter	2			
17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First,	Middle, Meide	n Sumeme)		
James M. Tai	pscott							Rob	erta	Α.	Taps	scott
19a. INFORMANT'S NAME (Type/Print)		19	b. MAII	Lotts	sfor	đ	27		ber, City or To			
Carlyne Tapsco	ott		4405	Ro	Hsf	ord	Vi	sta	Rd.	Bow	ie.	MD
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO							OCATION -		
1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	- Linco		Mome	oris	1 0	omo	tors	, S	uitl	and.	Maryla
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ()	1	71,11	22.	NAME AL	ND ADDRE	SS OF F	CILITY "				, , , , , , , , , , , , , , , , , , , ,
	1	+_							Hom			
1 Dan	. QUU	Dan-6,]		1 / /	$\alpha \alpha \tau$	Th						
23. PAHY I Entar the disasses, or		The second secon		41	OOT	Ben	nin	g Ro	oad,	N.E.	Was	
									oad, diec or res	N.E.	Was	Approximete Interval Bets
IMMEDIATE CAUSE (Final	List only one ca	at caused tha da use on each line	aath, Do	not anta	r the mo	Ben	ning, aud	g Ro	oad,	N.E.	Was	Approximete
IMMEDIATE CAUSE (Final	List only one car	at caused the de	ath, Do	not anta	the mo	Ben oda of dy	ning, auc	g Ro	eccorres	N.E.	Was	Approximete Interval Bets
	List only one car	at caused the deuse on each line	BUENCE C	not anta	the mo	Ben da of dy	nin	g Ro	ecc	Pratory e	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death)	List only one car	at caused the dause on each line	Buence o	not anta	the mo	Ben oda of dy	nin de de de de de de de de de de de de de	g Ro	ecc	N.E. piratory es	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	List only one car	at caused the deuse pn each line of the As A conse	GUENCE C	not anta	tury	Ben oda of dy	ning, aud	g Ro	ecc	Pratory e	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. Due to	USE DO each line	GUENCE C	not anta	tory	ce ne	nin ling, auc	g Ro	ecc	Pratory e	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Due to	USE DO each line	GUENCE C	not anter	the mo	Cen	nin ling, aud	g Ro	ecc	Pratory e	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	b. Oak Due To Bue To	USE DO each line	GUENCE C	not enter	tury (Les	Ben oda of dy	nin ling, aud	g Roch as car	ecc	Pratory e	rrest,	Approximete Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To	O (OR AS A CONSE	QUENCE CO	not anta	tury (ce ne	eling, aud	ch as carried	lect or ras	b no	most,	Approximate interval Bet Onset and E
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Due To	O (OR AS A CONSE	QUENCE CO	not anta	tury (ce ne	eling, aud	ch as carried	etecor ras	N AUTOPSYS	most,	Approximate Interval Bett Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To	O (OR AS A CONSE	QUENCE CO	not anta	tury (ce ne	eling, aud	ch as carried	LUE	N AUTOPSYS	most,	Approximate interval Bet Onset and E
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To	O (OR AS A CONSE	QUENCE CO	not anta	tury (ce ne	eling, aud	ch as carried	etecor ras	N AUTOPSYS	most,	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To	O (OR AS A CONSE	QUENCE CO	not anta	tury (ce ne	eling, aud	ch as carried	etecor ras	N AUTOPSYS	most,	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other aignificant conditions.	b. Due to	O (OR AS A CONSE	QUENCE CO	not anta	r the mo	ce ne	given in	COS AN	24a. WAS A PERFC	N AUTOPSYS	most,	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due To	O (OR AS A CONSE	QUENCE CO	OTHE	r the mo	g cause	given in	Part I.	24a. WAS A PERFC	N AUTOPSYS	most,	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	b. Due To	O (OR AS A CONSE	QUENCE COUENCE	OTHE 4 Number of	ndarlyin 26. Pi	g cause	given in	Part I.	24a. WAS A PERF(1 Type)	N AUTOPSYDRMED?	24b	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	b. Due To	O (OR AS A CONSE	QUENCE COUENCE	OTHE 4 Nu	ndarlyin 26. Pi	g cause	given in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSYDRMED?	24b	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	b. Due To	O (OR AS A CONSE	QUENCE COUNTY TO THE PROPERTY OF THE PROPERTY	OTHE 4 Nu	ndariyin 28. Pi 28c. IV. 28c. IV. 1 □	g cause	given in	Part I.	24a. WAS A PERFO	N ALITOPSY PRIMED? 2 NO	24b	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation	b. Due To	O (OR AS A CONSE	QUENCE COUNTY TO THE PROPERTY OF THE PROPERTY	OTHE 4 Nu	ndariyin 28. Pi 28c. IV. 28c. IV. 1 □	g cause	given in	Part I.	24a. WAS A PERFC 1 YES	N ALITOPSY PRIMED? 2 NO	24b	Approximate interval Bet Onset and E Onset
IMMEDIA E CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	b. DUE TO	O (OR AS A CONSE	QUENCE COUNTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M	ndariyin 28. Pi Ri: Ri: Rishing Hom 28c. IN. WC 1 Corry, office	LACE OF I	given in	Part I. B Oth 286, DE	24a. WAS A PERFO	IN AUTOPSY OF THE PROPERTY OF	24b	Approximate interval Bet Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3 NO 27. MANNER OF DEATN 1 Neural 5 Pending investigation 3 Suicide 8 Could not be dearmined 29a. CERTIFIER (Check only)	BUE TO BUE TO	D (OR AS A CONSE	QUENCE COUNTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M	ndariyin 26. Pi FF: raing Hom 28c. IN. tory, office	g cause	given in	Part I. 8 Oth 28f. LOCA	24a. WAS A PERF(1 YES CATION (Street or Town, Stell	N AUTOPSY PRIMED? 2 NO 1 INJURY OF	24b	Approximate interval Bet Onset and E onset
IMMEDIA E CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Notural 5 Pending Investigation 2 Accident Investigation Accident Acciden	BUE TO BUE TO	D (OR AS A CONSE	QUENCE COUNTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M	ndariyin 26. Pi FF: raing Hom 28c. IN. tory, office	g cause	given in	Part I. 8 Oth 28f. LOCA	24a. WAS A PERF(1 YES CATION (Street or Town, Stell	N AUTOPSY PRIMED? 2 NO 1 INJURY OF	24b	Approximate interval Bet Onset and E onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3 NO 27. MANNER OF DEATN 1 Neural 5 Pending investigation 3 Suicide 8 Could not be dearmined 29a. CERTIFIER (Check only)	b. DUE TO BUE TO	D (OR AS A CONSE	QUENCE COUNTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M	ndariyin 26. Pi FF: raing Hom 28c. IN. tory, office	g cause LACE OF 6 The 5 R JURY AT DRK? YES 2 [The graph of the county of the	given in	Part I. 28d, DE 28f, LOCCly a to the ca	24a. WAS A PERF(1 YES CATION (Street or Town, Stell	IN AUTOPSY PRIMED? 2 DINO 1 INJURY OF and Number 10 in and due to in a	24b	Approximate interval Bet Onset and E onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	b. DUE TO BUE TO	D (OR AS A CONSE	QUENCE COUNTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M	ndariyin 26. Pi FF: raing Hom 28c. IN. tory, office	g cause LACE OF 6 The 5 R JURY AT DRK? YES 2 [The graph of the county of the	given in NO	Part I. 28d, DE 28f, LOCCly a to the ca	24a. WAS A PERF(1 YES CATION (Street or Town, Stell	IN AUTOPSY PRIMED? 2 DINO 1 INJURY OF and Number 10 in and due to in a	24b	Approximate interval Bet Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	b. DUE TO b. DUE TO DUE	DO (OR AS A CONSE	QUENCE COURTER TO THE PROPERTY OF THE PROPERTY	OTHE 4 - Nu ME OF LJURY M. street, fac	ndariyin 28. Pi FR: raing Hom 28c. IN. W. 1 □ ttory, office	g cause LACE OF I The 5 A RYPES 2 [The a and plect death occur 29c. LIC	given in DEATH (C. asidence In No	Part I. B Oth 28d, DE 28f, LO City a to the ca	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 No 1 NAUTOPSY PRIMED? 2 No 1 NAUTOPSY OR 1 NAUTOPSY OR 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 3 DANO 2 DANO 4 DANO 2 DANO 2 DANO 4 DANO 2 DANO 2 DANO 4 DANO 2 DANO 4 DANO 2 DANO 2 DANO 4 DAN	24b	Approximate interval Bet Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMINER 295. SIGNAPLIE AND TITLE OF CERTIFIER (Check only one) 2 MEDICAL EXAMINER 295. SIGNAPLIE AND TITLE OF CERTIFIER	b. DUE TO b. DUE TO DUE	DO (OR AS A CONSE	QUENCE COURTER TO THE PROPERTY OF THE PROPERTY	OTHE 4 Nu ME OF JURY M street, fac	ndariyin 28. Pi FR: raing Hom 28c. IN. W. 1 □ ttory, office	g cause LACE OF I The 5 A RYPES 2 [The a and plect death occur 29c. LIC	given in DEATH (C. asidence In No	Part I. B Oth 28d, DE 28f, LO City a to the ca	24a. WAS A PERF(1 YES CATION (Street or Town, Stell	N AUTOPSY PRIMED? 2 No 1 NAUTOPSY PRIMED? 2 No 1 NAUTOPSY OR 1 NAUTOPSY OR 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 2 DANO 3 DANO 2 DANO 4 DANO 2 DANO 2 DANO 4 DANO 2 DANO 2 DANO 4 DANO 2 DANO 4 DANO 2 DANO 4 DAN	24b	Approximate interval Bet Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset and E Onset

1215. 00

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mets after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CENTIFI	CALE	T DEALH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)	TUCK		E	5	2. DATE OF DEATH	MYS 90 MEAN	3. TIME OF DEATH
	011100 111		(In yrs. lest birthday)	#F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	27 8	RTHPLACE (State or Foreign uptry)
HO13	80. FACILITY NAME (If not institution, give street,	and number)		9b. CITY, TO	ON OR LOCATION OF DE		9c. COUNTY O	F DEATH
DIME	10a. STATE 10b. COUNTY		D	al to	OCATION			10d. INSIDE CITY LIMITS? 1. YES 2 NO
EKAL	26-8/ Carled				101. ZIP CODE 2/2/8	95	10g. CITIZEN O	F WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER I FDRCES? 1 YES IF YES, GIVE WAR OR D	2 NO	II yes	DECENDENT OF HISPAN I, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)	В	ACE — American Indian, liack, White, atc. pacity: Black
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary Recordary (0-12)		16a. DECEDENT'S (Give kind of wife. Do NOT use	ork done during retired.)	PATION g most of working		lehem-	
_	17. FATHER'S NAME (First, Middle, Last)	7				ME (First, Middle, Maide	Surname)	
20 20	190. INFORMANT'S NAME (Type/Print) YIMA TUCK		19b. MAILING 260		eet and Number or Rural	Route Number, City or To	wn, State, Zip Code,)
	Marthod OF DISPOSITION Post Burlel 2 Cremation 3 Removal 4 Donetion 6 Other (Specify)	from State 20	b. PLACE OF DISPOS	-	cemetery, cremetory or	.00	OCATION City o	mills - Ind
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Locked	6/	22,414	e AND ADDRESS OF FA	erelHene	1304	n. Central a
	23. PARCI. Enter the diseases, or comehock, or heart failure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death) s	ONCE 17	A CONSEQUENCE OF	far,	mode of dying, suc		piretory arrest,	Approximate interval Between Onset end Death
ALION	Sequentially list conditions, if sny, lesding to immediata ceuse. Enter UNDERLYING	CANDIOM DUE TO (OR AS	A CONSEQUENCE DE	7):	-			
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):				
DICAL	PART II. Other significant conditions of PART FAIR DIABETER M.	LUNE		n the under	lying cause given in		DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N. M	CENEONONASCU		CIVENT	,		_		1 TYES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	6. PLACE OF DEATH (C)		-	
PHYSICIANS	27. MANNER OF DEATH 1 Natural 6 Pending	Inpetient 2. ER/Out 26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 280 URY	Home 5 Residence INJURY AT WORK? YES 2 ND	28d, DESCRIBE HOW	INJURY OCCURE	D
IED BY	2 Accident investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJUR building, atc. (Spo	Y — At home, ferm, a			261. LOCATION (Stree City or Town, Stat		ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL ONE) 2 MEDICAL EXAMINER: C	N: To the best of my known the basis of examination						use(a) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CENTIFIER	4 MD	,		29c. LICENSE NU	855 855	29d. DATE SIO	MED (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO C	MPLETED CAUSE DF O	5820 (Type,	Print) You	nno	BAET	MO	2/2/2
	31. DATE FILED (MONTH) PA 4 1 19	OF HEGISTRAN'S STO	Hallen Adad	The same				

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 that is after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: It	

												90	12126
	FOR	STATE OF M							MENTAL	L HYGIEN	E		
	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	TH _		REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)								MONTH			YEAR	TIME OF DEATN
	James		Williar						5	9	-	90	М
9	220 20 5000	5. SEX 1 🗶 M 2 🗌 F	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE (OF BIRTH	24	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF OE	ATH		9c. COUNT	Y OF DEAT	Н
5	4103 Crawford A	venue			Ba	alto.							
5	RESIDENCE OF DECEDENT												
DIRECTOR	Md .		1	v, rown d altin		ION						d. INBIDE CITY LIMITS? YES 2 NO	
	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	4103 Crawford Av	venue					21	.215				JSA	
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED			ENDENT O	F NISPAN		7 (Specify Yea			American Indian, hite, etc.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NAR OR DATES	10			2 XNO			Rican, etc.)		Specify:	
		TION	T 40: 25	05051510	USUAL O	001101710			1 401	WHILE OF SILE		Bla	CK
2	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(3)	has kind of	work done	during ma	n et of workin	g	160.	. KIND OF BUS	SINESS/INDU	SIRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labo	se retired.) Orer					Be ⁻	th Ste	ee1	
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	NER'S NA	ME (First, I	Middle, Maiden	Surname)		
	Henry Will	iams					9	Georg	ie .	Rol	berts		
BE	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street a				ber, City or Town		ode)	
2	Otelia Williams		4	1103	Craw	ford	Ave	. Ra	1to	. Md.	21	215	
	20s. METHOD OF DISPOSITION		20h PLACE	OF OISPO	SITION (No	ame of cen	antery crem	nelnov or		20c LO	CATION — CI		State
	1 Donation 6 Other (Specify)	rai from State	other plu	ssodo	nia	Bant	. Ch). Ce	m	Fr	mporia	. Va	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		_	22.	NAME AN	D ADDRE	SS OF FA	CHLITY	C1	iip OT TO	, V.C.	•
	Gerome a	. 22	engan	- J	2	Marc 4300	h F/ Wab	'H We ash	est Ave.				
	23. PART Enter the disesses, or co										ratory arrea	nt,	Approximate
	shock, or heert failure. L	et only one ceu	se on each line										Interval Between Opset and Death
	disesse or condition		Kena	.1 (anc	I'NU	M.6						Gmonth
	resulting in deeth)	DUE TO	OR AS A CONSEC										
7													
ERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	OUE TO	OR AS A CONSEC	DUENCE C	F):								
¥	ceuse. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE C	F):								
E	resulting in deeth) LAST												
ਹ	PART II OAL - I MI - A - MI								Allia I	2.2 000047000		To a second	
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not r	esuiting	in the ui	noenying	cause	given in	Part I.	24a. WAS AN PERFOR		- Al	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
8										1 TYE8 2	□ NO		OMPLETION OF CAUSE F DEATH?
M									_			1	YEB 2 NO
ä													
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				r		ACE OF 0	EATH (Ch	eck only or	ne)			
PHYSICIAN:		HOSPITAL: 1 ☐ Inpetient 2 ☐	ER/Outpatient 3	□ DOA	4 Nu		e 5 🗆 R	asidenca	8 🗆 Othe	or (Specify)			
Ŧ	27. MANNER OF DEATN	26a. DATE OF (Month, D		28b. TH	WE OF	28c. INJ	URY AT		28d, DE	SCRIBE NOW I	NJURY OCCU	RED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	Įora, z.	-,, ,,,,,		М		rES 2	NO					
	3 Suicide 6 Could not be	28a. PLACE O	F INJURY — At ho atc. (Specify)	me, farm,	street, fac	tory, offic	•		28f. LOC	ATION (Street or Town, State)	and Number o	r Rurel Rou	te Number,
哥	4 Homicide determined	aronaing,	(-poony)						Only	rown, diale;			
٦	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occur	red at the	time, date	and place	, and due	to the car	use(s) and ma	nner as states	4.	
COMPLET	(Check only one) 2 MEDICAL EXAMINER												nd manner as stated.
- 1	29b. SIGNATURE AND TYPLE OF CERTIFIER	, 1 5 -		_			29c, LIC	ENSE NUI	MBER		29d, DATE	SIGNED /M	forith, Day, Year)
BE	Thelip	N. 1Cm	uto				12	432	1		D 5	19/0	10
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (7yp	e, Print)			-					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31, DATE FILED (Month, Day, Yell)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years, after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	= 1165 12 17 5/07/90 91 12	727
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	1 6 1
	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH: 3. TIME OF DIAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Voar) Country) 1 M 2 F 7 5 YRS. YRS. YRS. YRS. YRS. 1 MONTHS DAYS HOURS MIN. (Month, Day, Voar)	30 M
CTOR	96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH RESIDENCE OF BECEDENT 96. COUNTY OF DEATH	
DIRECTOR	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE C LIMITS? 1 LYYES 2	□ NO
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 2 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No	
8	1 Never Married 2 Merried IF YES, GIVE WAR OR DATES FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 1 YES 2 NO Specify: Porces	
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentery/Seconder (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Chanles Wheeler Lucenda Shelton	5/1
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 197. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 199. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, State, Zip Code)	1229
	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or of particle) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or of particle) 20c. LOCATION — City or Town, State of particle) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	,
	Boths Funeka Home 129 N. CAROLINE ST. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approx	Imate
	immediate cause (Final disease or condition resulting in deeth) e. Acute partonition	Between and Death
LION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediats DUE TO (OR AS A CONSEQUENCE OF):	eles de
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events raculting in death) LAST C. AMATOMICAL COLOMONIA (UNCON) DUE TO (OR AS A CONSEQUENCE OF):	nyw
MEDICAL CE	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPS AWAILABLE PR COMPLETION. OF DEATH?	OF CAUSE
IAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	□ NO
PHYSICIAN:	EXAMINER? 1 VES 2 100 1 Splitch: 1 OTHER: 1 Nursing Home 5 Reeldence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. THE OF Specific	
_	(month) worth	
TED BY	1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1	es stated.
	1	

211, 17, 115

FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		1. DECEDENT'S NAME (First, PROPERTY NUMBER 4. SOCIAL SECURITY NUMBER	Middle, Last)	5. SEX		VING 1	IF UNDER	1 YEAR	IF UNDER 24 HRS.	2. DATE OF DE MONTH 7. DATE OF BE	DAY 3	90	TIME OF DEATN 1 1 15 AM ACE (State or Foreign
Page 1		578-20-5612	-6-4	1 🗆 M 2 💢 🕅	74	YRS.	MONTHS	DAYS	HOURS MIN.		21,1915		yland
permit. Pages 1, 2, 3 should	FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH PRINCE GLORGE 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. LOCATION 100. CITY, TOWN OR LOCATION 100. INSIDE CITY											
r. Pages		Maryland	Nan	y, town	OR LOCAT	TION		10d. INSIDE CITY JUNITS? 1 YES 2 \sum NO					
nsrt perm		Rt. 1 Box 1				101	20662			ted St	ates		
the bunal-transit	BY FUN	11. MARITAL STATUS 12 Never Merried 2 3 Widowed 4 Divo	TEVER IN U.S YES 2 WAR OR DATES	XINO	- 1	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 XZ NO Specify	n, Puerto Ricen,	ecify Yes or No-	Black, \	- American Indian, White, etc. lack		
5 should be detached for use as notified at once.	COMPLETED	15. DEC (Specify only Elementary/Secondery (0 Unknown	EDENT'S EDUC highest grade of	ATION completed) College (1-4 or 5	-	n. DECEDENT'S (Give kind of life. Do NOT u	work done	during ma	ON ost of working	16b. KIND	of Business/in	vate	
of detach	BE CON	17. FATHER'S NAME (First, M.) Coleman Was:		n					18. MOTNER'S NA Maria	ME (First, Middle, Richan			
notified	TO B	19a. INFORMANT'S NAME (7) Henry C. Wa:		on					nd Number or Rural I			ip Code)	
must be		20a. METNOD OF DISPOSITI 1XX Burlel 2 Cremetio 4 Donystion 6 Other		vel from State	000	NOT AND ORN			metery, cremetory or al Park		20c. LOCATION - Landove:		
tuneral dir		21. SIGNATURE OF FUNERAL	L SERVICE LICE	No a	1) 2	e.			nd address of fa Landover				al Home land 20785
> E =		23. PART i. Enter the shock, of immediate CAUSE (Findless) or condition resulting in death)	aart fallure. L	lat only one car	use on each	a death. Do	der	tha mo		h aa cardiac		rreat,	Approximate interval Between Onset and Daeth
ending prediction of other	CERTIFICATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
has been signed by the att 9 Dept. of Health and Menta n 23 shows any Injury,	MEDICAL	PART II. Other significa	int conditions	SNUL AUS	death but	List	1/1	en	ig cause given in	11-10	WAS AN AUTOPSY PERFORMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
certificate ha h the State D d, or Item 3	PHYSICIAN:	25. WAS GASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outpetia	int 3 🗆 DOA	OTHE	R:	LACE OF DEATH (Ch	11-	ecify)		
M Kit Si	ВУ РНУ	27. MANNER OF DEATH Y Netural 5 Accident	Pending Investigation	26a. DATE Of (Month, I	F INJURY Day, Year)	26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESCRIB	BE NOW INJURY O	CCURED	
after d	8	0 1 0 4 14	Could not be determined	28e, PLACE (building	OF INJURY — , atc. (Specify)	At home, farm,	street, fac	tory, offic	ca	281. LOCATION City or Tox	N (Street and Numb wn, State)	er or Rural Ro	ute Number,
# 12 h	COMPLET	const. Only							e and place, and due death occured at the				and manner as stated.
TO THE FUNER be filed within 7 IMPORTANT:	BE	29b. SIGNATURE AND TITLE	of petitirien	me	, 1	m			29c. LICENSE NUI	MBER 824	29d. C/	Z/	FIPO
	2	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Typ		0	Penn.	Ave	#/	8	
		31. DATE FILED (MONTH, DAY.	1990	, 32. REGISTR	AR'S SIGNATI	ine inde			13p	per.	Mar.	Bok	om, or
											20	1/	DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	TH		REG. NO.

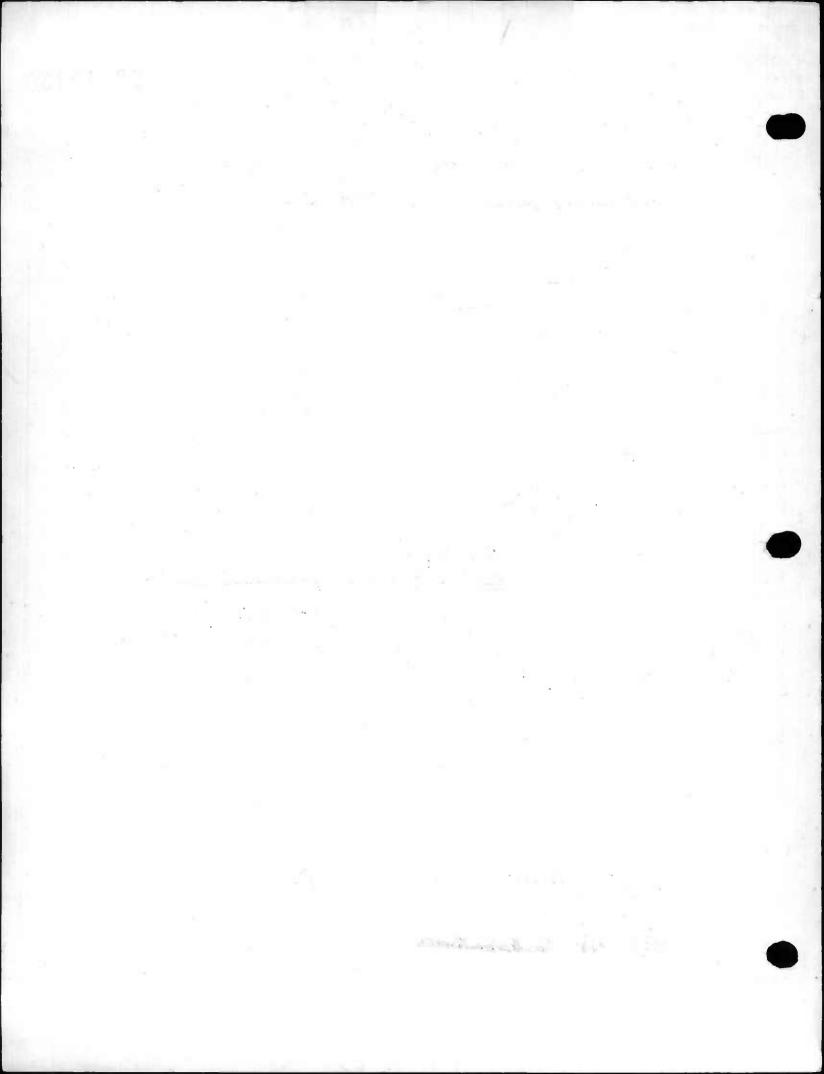
FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI					
1. DECEDENT'S NAME (First, Middle, LI	4 14111	liam s		2. DATE OF DEATH	DAY YEA	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER 577-42-017	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (IRTHPLACE (State or Foreign puntry)			
99. FACILITY NAME (If not institution, gi	tosa.	eath 9c. COUNTY OF DEATH							
10e. STATE 10b. COL		1 1/	MYN OR LOCATION M5 1 M4 TU1	V		10d. INSIDE CITY LIMITS? 1 KYES 2 NO			
10e. STREET AND NUMBER 9 7/3 11. MARITAL STATUS 1 Never Metried 2 50 Metried	ST.		101. EIP CODE 2089.	5	2.2.1	of what country?			
11. MARITAL STATUS 1 Never Merried 2 💢 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specifi	en, Puerto Ricen, etc.)	Yes or No — 14. F	ACE — American Indian, Black, White, etc. Specify: Black			
15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	ille. Do NOT use ret	done during most of working ired.)		BUSINESS/INDUSTR	NY.			
17. FATHER'S NAME (First, Middle, Last)	3 Years	LFinancia	Management A	nalyst F AME (First, Middle, Mei		<u> </u>			
McKinley Coat	es	19b, MAILING AD	Mary PRESS (Street end Number or Rural	7 Thomas Route Number, City or))			
Ira E. Willia			Hill Street						
METHOD OF DISPOSITION Cremetton 3 8		other place)	(Name of cemetery, cremetory or Grove Cemete	ery	Herndor	or Town, State			
21. SIGNATULE OF TUNERAL SERVICE	. Lewart	TIL		neral Ho	N.E. W	J.E. Wash. D.C.			
23. PARTI. Enter the disesses, abock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	are. List only one cause on	ei thral	enter the mode of dying, aud	2		Approximate interval Between Onset and Death			
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or injury that initiated events resulting in death) LAST	c. Que to (OR AS	A CONSEQUENCE OF):	The lung			15 may			
PART II. Other significant condi	itions contributing to death	but not resulting in the	ne underlying cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
		<u> </u>				1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	_ 01	26. PLACE OF DEATH (C	heck only one)					
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year,	28b. TIME OI	WORK?		W INJURY OCCURE	D			
Accident Investigati Accident Investigati Builde B Could not determine	28e. PLACE OF INJUI	RY — A1 home, ferm, stree lectry)				ural Route Number,			
0001			t the time, date end place, end du			use(s) end manner ee stated.			
29b. SHENATURE AND NITLE OF CERT	WENT .		29c. LICENSE NU		29d. DATE SIG	INEO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON	Une MD	SEATU NTELL AT T		92	5/	6/90			
30. NAME AND ADDRESS OF PERSON			nt)						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Handall		· · · · · · · · · · · · · · · · · · ·					

111

.

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
מונים ווועודי שיווים מונים	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	O / DEPARTM			MENTAL HYGIEI	NE	00 12/3		
	1. DECEDENT'S NAME (First, Middle, Last)	BARRE	T			2. DATE OF DEATH	9	3. TIME OF DEATH ILLOS PM		
	233-302592 1	□ M 2 XF 70	S YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (I) not institution, give street Howard County RESIDENCE OF DECEDENT	General Hos	-1.	Colui	nd/a	ATH	HOU	county		
DIRECTOR	Md . 10b. COUNTY	10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2XXXNO			
FUNERAL	5815 Sauter Lan	ie		101.	21207		10g. CITIZEN	OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes, spe		IC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		OBCEOENT'S USUI (Give kind of work of lite. Do NOT use reti	lone during mos red.)		16b. KIND OF BI	JSINESS/INDUST	TRY		
	17. FATHER'S NAME (First, Middle, Last) Unknown			9		ME (First, Middle, Maide abeth	Creas	S V		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street at		loute Number, City or To		J		
-	Rehan Abdulilla				er Lane					
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remova	il from State othe	ACE OF DISPOSITION or place)			20c. L	OCATION — City	or Town, State		
	4 Donation 5 Other (Specify)	ISEE Mt	Hope C	emete	D ADDRESS OF FAC	- W	est Se	eneca N.Y.		
	23. PART I. Enter tha diseases, or con	March				irch Fun				
	23. PART I. Enter the diseases, or conscious abook, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each	epsis	ntar tha mo	da of dyling, suci	n ss cardiac or rea	olretory arrest	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	ld B	late unoz iral	enic (Cerebro	stadde Limfa	faret Notice	no		
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lex		ACE OF DEATH (Ch	eck only one)				
YSI	1 VES 2 NO 1	Inpatient 2 - ER/Outpatier	nt 3 🗆 DOA 4 🗆	1	5 Residence					
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	MED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, färm, straat							
COMPLETED	one)	AN: To the best of my knowledge On the basis of examination and						ouse(a) and menner as stated.		
TO BE	296. SIGNATURE AND RITLE OF CENTIFIER	aura	MP		29c. CICENSE NUM	7909	29d. DATE S	IGNED (Morith, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		°010	ANNA	POUS (LD E	cmp 21043		



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		MENTAL HYGIENE						
- 33	1. DECEDENT'S NAME (First, Middle, Last)		22 01 .		2. DATE OF DEATH	3. TIME OF DEATH						
- 2	JOSEPH MICHA	EL BURKE				MONTH DAY		7:20P M				
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRT	HPLACE (State or Foreign				
- 03	185-05-4728	1⊠M2□F 78	YRS.	ONTHS DAYS	HOURS MIN.	11/1/11	PA					
	Se. FACILITY NAME (If not institution, give str	reet and number)	9	b. CITY, TOWN OR	LOCATION OF DE	ATH	9c. COUNTY OF	DEATH				
DIRECTOR	100-B East Melros	e Ave.		BALTIM	ORE							
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, 1	TOWN OR LOCATIO	ON			10d. INSIDE CITY				
	MD.			IMORE				LIMITS?				
	10e. STREET AND NUMBER		ZIP CODE		WHAT COUNTRY?							
FUNERAL	100B EAST MELROSE	3 3 57 17		2	1212		U.S.A					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RAG	CE — American Indian.				
	1 Never Married 23 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DAT			offy Cuban, Maxica 2 NQ Specify	n, Puerto Rican, etc.)	Spe	ck, Whits, etc.				
BY	3 Widowed 4 Divorced	1942 to 1945	5				W	HITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of wor	k done during most		16b. KIND OF BUS	NESS/INDUSTRY					
느	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use r	eureu.)				2.7				
M	12 yrs.	4 yrs.			18 MATHED'S NA	ME (First, Middle, Malden S	lumama)					
	,	IDVE				INE REAVEY	Giranie)	- 10-7				
BE	MICHAEL DENIS BU 198. INFORMANT'S NAME (Type/Print)	RAL	19b. MAILING A	DDRESS (Street and		Route Number, City or Town	State. Zio Code)					
2	MRS. JOSEPH M. BU	IRKE (spouse)				E., BALTIM		. 21212				
	20s. METHOD OF DISPOSITION	20b. I	PLACE OF DISPOSIT				ATION — City or					
	1 ☐ Burisi 2 ☐ Cremetion 3 ☐ Remo	wal from Stats	other place)									
	II. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE 1 5	10.90	22. NAME AND	ADDRESS OF FA	CILITY						
	y milal	10/mile	7- 2	STATE	ANATOMY	BAORD, BA	T.TPO M	D 21201				
	23. PART L Enter the diseases, Dr c	complications that caused	the death. Do not					Approximate				
	ahock, or heart fellure. L	List only one cause on eac	ch line.					Intarval Between Onset and Death				
	disease or condition PM Q A + 20 + 24 + 25											
	resulting in death)		CONSEQUENCE OF):		ь			1				
Z	Senie dementia. 6425											
5	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Carthal carterescless Grands G											
2	CAUSE (Disease or Injury											
Ë	that initiated events resulting in death) LAST	DUE TO (ON AS A C	consequence or):					"				
CERTIFICATION		1										
AL	PART II. Other significant conditions	a contributing to death but	t not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOR		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	***************************************					1 YES 2	₽ NO	COMPLETION OF CAUSE OF DEATH?				
ME								1 - YES 2 - NO				
PHYSICIAN: MEDIC												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL/	CE OF DEATH (Ch	eck only one)						
IXSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpet	tient 3 DOA 4	Nursing Home								
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (RY WOR	HC?	26d. DESCRIBE HOW IN	HURY OCCURED					
ВУ	2 Accident Investigation	28e. PLACE OF INJURY -	At home form etc.		ES 2 NQ	281, LOCATION (Street a		I Down Market				
6	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specif	y)	eet, inctory, offics		City or Town, State)	na Number or Huri	i Ploute Number,				
E	29s. CERTIFIER			VI 1- 11/12								
COMPLETED	(Check only	CIAN: To the best of my knowle R: On the basis of examination						n/a) and manner or stated				
8			anaor mreatgaton,	nt my opinion, de								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI	G(O	29d, DATE SIGN	2 90 (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type P	Print)	1014	UT	- 5/	7				
			free and taken									
	JIDAVIN I MARI	37 MA 170	S UMAIN	nx (-ITItEAU	1110 111	71002					
	JIDAVID WASE 31. DATE FILED (MONTY) DOY: YOUR	32. REGISTRAR'S SIGNA	S YOUR	M	-other	me my	4093					

hos	ache	Ce.
the	a de	0
d by	P	d a
aine	hou	Hiffe
e ret	32	00
ay b	bad	be
E 9	tor,	Jan 1
age	di di	10
J. P	eral	aje.
deal	e fu	exa
after	y th	ca
nus :	d in	pe
011	lled	E 0
2 11	atio	\$
Æ	crem	rent
ned	Par la	5
3XBCI	and o	nati
8	cian or to	an
cate	ilysi e pri	er te
ertifi	ng p	the opt
9	tendi	6
e des	Aemt:	ury,
if the	the state of	=
s tha	Ded I	30
ulres	Sign	¥.
De l	Deen	15
34	Den Den	23
Ě	ate	te me
MAI	he S	0
NSI(is ce	Ď,
4	出土	ark
NIO	After	2 3
E	TOR.	28
R A	IREC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and the funeral director, page 5 should be detached and the funeral death with the State Dent of Health and Mental Houlene prior to burial, compation, or removal.	
SPIT	VER.	5
Ę	B	N.
꾿	工	2
0	2	3

31. DATE FILED (Month, Day, Year)
MAY 11 1990

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF I			RTMENT OF			MENT	REG. NO.	E		121.	- La
	1. DECEDENT'S NAME (First,	Middle, Last)								ATE OF DEATH		YEAR	3. TIME OF DEATH	
	Jam	T.		Bla	nd			5	5-8-90 DA		TEAH	4:00AM	М	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.		t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DA	TE OF BIRTH lonth, Day, Year)		8. BIRTI	IPLACE (State or Forei	ign
	215-82-72	241	1 💢 M 2 🗌 F	29	YRS.	MONTHS DA	HOURS	MIN.		-21-19	61	W. Virginia		a
	9e. FACILITY NAME (If not ins		reet and number)			9b. CITY, TO	N OR LOCA	TION OF D		~ ± /	9c. COUN	_		
ج ا	University	Hosp:	ital			Ra	ltimo	re Ci	t-v					
Ĕ I	RESIDENCE OF DEC		2002				CINO		LLY					
FUNERAL DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	CATION						10d. INSIDE CITY LIMITS?	
ឨ	Maryland	Ba.	ltimore]]	erry	Hall	,Mar	yl	and	1 TES 2 NO			0
4	10e. STREET AND NUMBER						10f. ZIP CC		_		10g. CITIZ	ZEN OF	WNAT COUNTRY?	
띮	23	3 01d	e Forge	Lane				2123	36			U.S.A.		
5	11, MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.						IGIN? (Specify Yea	or No	14. RAC	E American Indian	t,
	1 Never Married 2 🔀		IF YES, GIVE V	YES 2	CINO		ES 2X N			rto Rican, etc.)	Black, White, etc. Specify: White			
ĕ	3 Widowed 4 Divor	rced				1								
	15. DECE (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a.	(Give kind of	Work done durin	ATION most of wo	rking		16b. KIND OF BUS	INESS/IND	USTRY		
9	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)	Ille. Do NOT u	ree retired.)				77		•		
⋛	12th			TAT	alliba	ainand					pita	T		
COMPLET	17, FATHER'S NAME (First, Mil						18. MC			AME (First, Middle, Melden Surname)				
8			bert 0.	Blan						ance J			n	
2	19e. INFORMANT'S NAME (7)									lumber, City or Town		,		
-	Amy E.Bl				-				1e-	Perry I				
	20a, METHOD OF DISPOSITION 1. Burlal 2 Cremetto	ON n 3 □ Reme	oval from State	20b. PLA othe	r place)	SITION (Name o					CATION —			
	4 Donation 5 Other				Pa	rkwoc					alto	. M	d.	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			Har Har	tlev	Mil	ACIUTY	r Fune	ral	Hom	0	
	ta.	Duy To	Filler			752	5 Ha	rfor	rd I	Rd. Ba	lto.	. Md	.21234	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Head injuries													
	IMMEDIATE CAUSE (Fin disesse or condition	eart fallure.	List only one cs	use on each	line.	not antar the	mode of	tying, suc	ch ss c	cardisc or respi	ratory sm	est,	Interval Bat	ween
	IMMEDIATE CAUSE (Fin	eart fallure.	List only one cs	use on each	line.		mode of	tying, suc	ch ss c	cardisc or respi	ratory sm	est,	Interval Bat	ween
NO	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditions	eart fallure.	List only one can Head: DUE TO	injurio	line. S ISEOUENCE (DF):	moda of	dying, suc	ch ss c	cardisc or respi	ratory srr	est,	Interval Bat	ween
ATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	List only one can Head: DUE TO	injurie	line. S ISEOUENCE (DF):	mode of	dying, suc	ch ss c	cardisc or respi	ratory srr	est,	Interval Bat	ween
FICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if smy, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or Injure Cause	eart fallure.	BUE TO	injurio	Iline. S ISEOUENCE (DF): DF):	moda of	dying, suc	ch se c	cardisc or respi	ratory srr	est,	Interval Bat	ween
RTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condit! If sny, leading to immediate. Enter UNDERLY!	eart failure.	BUE TO	injurie	Iline. S ISEOUENCE (DF): DF):	moda of d	dying, suc	ch ss c	cardisc or respi	ratory srr	•81,	Interval Bat	ween
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	eart failure.	BUE TO	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (DF): DF):		2			ratory srr	est,	Interval Bat	ween
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condit! If any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events	eart failure.	BUE TO	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (DF): DF):		2			AUTOPSY		Interval Bet Onset and I	DINGS 0
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	eart failure.	BUE TO	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (DF): DF):		2		I. 24a, WAS AN	AUTOPSY MED?		Interval Bet Onset and I	DINGS 0
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	eart failure.	BUE TO	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (DF): DF):		2		I. 24e. WAS AN PERFOR	AUTOPSY MED?		Interval Bet Onset and I	Dings O
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	eart failure.	BUE TO	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (DF): DF):		2		I. 24e. WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETION OF CA OF DEATH?	Dings O
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other eignifications.	ons, diste	B. Head DUE TO D	injurie O (OR AS A COM	Iline. SEOUENCE (SEOUENCE (OF): OF): In the under		e given ir	n Part I	I. 24a. WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETION OF CA OF DEATH?	Dings O
ISICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediates. Enter UNDERLYII CAUSE (Disease or injusthat initiated events resulting in death) LAS	ons, diste	BUE TO	injurie O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM	IIINE. ISEOUENCE (ISEOUENCE	OF): In the under	ying caus	e given ir	1 Part I	I. 24a. WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETION OF CA OF DEATH?	Dings O
4	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the condition of the condition	oons, distance of the condition of the c	B CONTRIBUTION CON	injurie O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O death but n	ISEQUENCE (ISEQUE	OF): In the under OTHER: OTHER: ME OF 28	ying caus	e given ir	1 Part I	24a, WAS AN PERFOR YES 2 Ny one) Other (Specify) DESCRIBE HOW I	AUTOPSY IMED? I NO	244	b. WERE AUTOPSY FIN AMALAGLE PRIOR TO COMPLETION OF CA OF DEATH?	Dings O
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significations of the cause of the	ons, diste	B. Head DUE TO D	injurie O (OR AS A COM O (OR AS A COM O (OR AS A COM O (OR AS A COM O death but n	III III III III III III III III III II	OF): OF): In the under OTHER: 4 Nursing ME OF 28	ying caus B. PLACE OF	e given ir	1 Part I	24a. WAS AN PERFOR TXYES 2 Ny one) Other (Specify) DESCRIBE HOW I	AUTOPSY MMED? I NO NJURY OCL MOTO	244	b. WERE AUTOPSY FIN AMALBLE PRIOR TO COMPLETION OF CA OF DEATH?	Dings O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or Injuithat initiated events resulting in death) LAST PART II. Other eignifics 25. WAS CASE REFERRED TO EXAMINER? XXYES 2 NO 27. MANNER OF DEATH 1 Netural 5 XXY Pooledent 3 Suicide 8	ons, distended in the condition of the c	B. Head DUE TO D	injurie O (OR AS A COM O (OR AS A CO	ISEQUENCE (ISEQUE	OF): OF): In the under OTHER: 4 Nursing NURY 5PM 1	ying caus 5. PLACE OF Home 5 INJURY AT WORK?	e given ir	1 Part I	I. 24a. WAS AN PERFOR MY One) Other (Specify) DESCRIBE HOW IT IS ON LOCATION (Street	AUTOPSY IMMED? I NO NJURY OCC MOTO	244	Interval Bet Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? XDOXYES 2 \(\) NO	Dings O
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in death) LAS PART II. Other significations in the cause of	ons, distendent condition O MEDICAL Pending investigation Could not be determined	BUE TO DUE TO	injuric o (or as a con o (or as a co	ISEQUENCE (ISEQUE	OF): OF): In the under OTHER: OTHER: STREET, factory, Road	ying caus B. PLACE OF Home 5 INJURY AT WORK? YES X	e given in	heck online 28d, DY CC 28f, 86	24a. WAS AN PERFOR TO SECURITY OF THE SECURITY	AUTOPSY IMED? I NO NJURY OCC MOTO And Number	cureo or Rural	Interval Bet Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? XDOXYES 2 \(\) NO	Dissth Dissth Dissth Dissth Disserved Disserve
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAST PART II. Other eignifications and the condition of the condition o	ons, distendent condition O MEDICAL Pending investigation Could not be determined	B. Head DUE TO D	injuric o (or as a con o (or as a co	ISEQUENCE (ISEQUE	OF): OF): In the under OTHER: OTHER: STREET, factory, Road	ying caus B. PLACE OF Home 5 INJURY AT WORK? YES X	e given in	heck online 28d, DY CC 28f, 86	24a. WAS AN PERFOR TO SECURITY OF THE SECURITY	AUTOPSY IMED? I NO NJURY OCC MOTO And Number	cureo or Rural	Interval Bet Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? XXXXYES 2 NO CCLe/auto Route Number,	Dissth Dissth Dissth Dissth Disserved Disserve
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the condition resulting in death) Sequentially list condition in the condition in	ons, disterned on the condition of the c	BE CONTRIBUTING TO THE BOULETON TO THE TO TH	injuric O (OR AS A COM O (OR AS A CO	Iline. ISEOUENCE (ISEOUENCE	OF): OF): OF): In the under OTHER: 4 Nursing ME OF 5 PM 1 street, factory, Road red at the time,	ying caus i. PLACE Oi thome 5 injury x work? yes x office	e given in	Part I	I. 24a. WAS AN PERFOR PERFORM YES 2 Other (Specify) DESCRIBE HOW IN CITY TO TOWN, State) 26 Bela (Syland) a cause(e) end mail	AUTOPSY IMED? I NO NJURY OCC MOTO	244 COURED COURED OF Rural Dadd,	Interval Bet Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? XXXXYES 2 NO CCLe/auto Route Number,	Dissth Dissth Dissth
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the condition resulting in death) Sequentially list condition in the condition in	ons, distendent on the condition of the	HOSPITAL: XXIVATION DUE TO DUE TO DUE TO DUE TO DUE TO A BE CONTRIBUTING TO COMMONTH, 5-8- 28e. PLACE DUE TO COMMONTH DUE TO	injuric O (OR AS A COM O (OR AS A CO	Iline. ISEOUENCE (ISEOUENCE	OF): OF): OF): In the under OTHER: 4 Nursing ME OF 5 PM 1 street, factory, Road red at the time,	ying caus B. PLACE OF Home 5 INJURY AT WORK? YES X office dete end pli	e given in DEATH (C Residence NO NO nce, end du cured et the	heck only 28d, DY 28d, Way 1 to the e time,	I. 24a. WAS AN PERFOR PERFORM YES 2 Other (Specify) DESCRIBE HOW IN CITY TO TOWN, State) 26 Bela (Syland) a cause(e) end mail	AUTOPSY MED? I NO NJURY OCC MOTO And Number I' Ro	curred or Rural Dadd, he caused	interval Set Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? XXXXYES 2 No CCLe/auto Route Number, Baltimore (e) end manner as eta	Dissth Dissth Dissth
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYII CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other significations in the cause of t	ons, distendent on the condition of the	HOSPITAL: XXIVATION DUE TO DUE TO DUE TO DUE TO DUE TO A BE CONTRIBUTING TO COMMONTH, 5-8- 28e. PLACE DUE TO COMMONTH DUE TO	injuric O (OR AS A COM O (OR AS A CO	Iline. ISEOUENCE (ISEOUENCE	OF): OF): OF): In the under OTHER: 4 Nursing ME OF 5 PM 1 street, factory, Road red at the time,	ying caus B. PLACE OF Home 5 INJURY AT WORK? YES X office dete end pli	e given in DEATH (C Residence NO NO NO NO NO NO NO NO NO NO NO NO NO	heck only 28d, DY 28d, Way 1 to the e time,	I. 24a. WAS AN PERFOR PERFORM YES 2 Other (Specify) DESCRIBE HOW IN CITY TO TOWN, State) 26 Bela (Syland) a cause(e) end mail	AUTOPSY MED? I NO NJURY OCC MOTO And Number I' Ro	24d COURED DYCY or Rural Dadd, Po cause E BIGNE	Interval Bet Onset and I D. WERE AUTOPSY FIN ARRABLE PRIOR TO COMPLETION OF CA OF DEATHY CCLE/auto Route Number, Baltimore	Dissth Dissth Dissth
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYII CAUSE (Disease or injut that initiated events resulting in death) LAS PART II. Other significations in the cause of t	ons, distense on the condition of the co	HOSPITAL: XXMetion 2 28e. DATE 0 (Month, 1 5-8- 28e. DLACE building	O (OR AS A COND O (OR AS A CON	ISEQUENCE (ISEQUE	OF): OF): In the under OTHER: 4 Nursing ME OF SURY 5 PM 1 street, factory, Road red at the time, ion, in my opini	ying caus B. PLACE OF Home 5 INJURY AT WORK? YES X office date end pli date end pli and pli 29c. L	e given in DEATH (C Residence NO NO NO NO NO NO NO NO NO NO NO NO NO	heck only 28d, DY 28d, Way 1 to the e time,	I. 24a. WAS AN PERFOR PERFORM YES 2 Other (Specify) DESCRIBE HOW IN CITY TO TOWN, State) 26 Bela (Syland) a cause(e) end mail	AUTOPSY MED? I NO NJURY OCC MOTO And Number I' Ro	24d COURED DYCY or Rural Dadd, Po cause E BIGNE	interval Bet Onset and I b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH? XIXXYES 2 No PCLE/auto Route Number, Baltimore (e) end manner as sta	Dissth Dissth Dissth

4. SOCIAL SECURITY NUMBER

216-01-4739

5. SEX

1 M 2 F

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

8. AGE (In yrs. lest birthday)

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country) Maryland

05_06_90

7. DATE OF BIRTH
(Month, Der Your)
02-26-1909

	١
	K
_	н
15	•
13146	
A	
_	
ന	
_	
~	
0	
m	
ш	1
P.O. BOX	
\circ	
٧.	
n.	
ഗ	
0	
RECORDS	
<u>.</u>	
0	
()	
\sim	
щ	
œ	
_	
VITAL	
_	
_	
>	
щ	
P	
Z	
\equiv	
U	
70	
ISION	
_	

	e B	GREATER BALTIMORE MEDICAL CENTER			TOWSON			BALTIMORE			
	اق										
	DIRECTOR	MD.				ty, town on Location tonsville				1.00	. INSIDE CITY LIMITS? YES 2 X NO
	RAL	100. STREET AND NUMBER		30			10f. ZIP CODE 21228			S.A.	COUNTRY?
	ED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced			2 🔼 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yest specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:				L	
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give k			18a. DECEDENT'S	USUAL OCCL	PATION ng most of working	ISINESS/IND			
	APLET	Elementary/Secondary	T	College (1-4 or 5+)	Presi	retired.)		Harle	y's R	estaur	ant
at once.	E COMPL	17. FATHER'S NAME (First, I Harley Phe:		sfield		-	Pagar - County	ME (First, Middle, Maide nora Payne			
notified	TO B	Harley P.		ld, Jr.		e as #	treet and Number or Rural F	Route Number, City or To	wn, State, Zip	Code)	
must be		20a. METHOD OF DISPOSI 1X Burlel 2 Cremett 4 Donation 5 Othe	on 3 🗆 Remove	from State	other place)		of cornetery, crematory or		alto.	City or Town, 1	Stata
xaminer		21. SIGNATURE OF FUNER				22. NA	ME AND ADDRESS OF FA	i., Towson	, Md.	21204	
cremation, or removal		IMMEDIATE CAUSE (Final disease or condition CARD TOPUL MONARY ARREST									Approximate Interval Between Onset and Death
(a)	NO	resulting in death) DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
prior to	RTIFICATION	if any, leading to imm- cause. Enter UNDEAL CAUSE (Disease or in			ALZHEIMERS DISEASE						
tal Hygiene p	CERTIF	that initiated events resulting in death) LA	ST d.	Lung Ca	rcino	inoma - Widely Metastat					
	MEDICAL	PART II. Other aignific	ant conditions	contributing to death b	ut not resulting	in the unde	rtying cause given in	Part I. 24a, WAS A PERFC	N AUTOPSY DRMED? 2 NO	AMA COI	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
State De	ICIA	25. WAS CASE REFERRED EXAMINER? 1 YES 2 ND	1	OSPITAL:		OTHER:	26. PLACE OF DEATH (Ch				
5 E	PHYSICIAN:	27. MANNER OF DEATH] Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 26	y Home 5 Residence	28d. DESCRIBE HDW	INJURY OC	CURED	
after death	TED BY	2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28r. LOCATION City or Tow						281. LOCATION (Stree City or Town, Stell	N (Street and Number or Rurel Route Number, wn, State)		
thin 72 hours NT: If Nem	COMPLET	29a. CERTIFIER (Check only 0/19) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29a. CERTIFIER (Check only 0/19) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.									
be filed within 72 h	TO BE	296. SIGNATURE AND TITLE Reber	sa A.	lugary	MO		29c. LICENSE NUI	226	29d. DAT	E SIGNED (Mo	onth, Day, Year)
	-	Re BYRO	FAULKN	FR MD 67	01 N. C	HARLES	ST. BALT	IMORE, MD.	212	204	
		31. DATE FILED WORTH ON	L"I" 1990	July Davids	ATURE Janda	2					
L											DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

9	[11]
ä	ᄗ
2	AL
	MEDIC
Of Heart &S endine only injury	_
9	N N
101	SIC
6,0	PHYSICIAN:
CO IS HIGHER,	BY
9	TED
7	

٠	1 - STATE CERTIL	FICATE OF DEATH	REG. NO.								
		CALDWELL	2. DATE OF DEATH DATE OF DAT	AV YEAR	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)) IF UNDER 1 YEAR IF UNDER 24 HRS		08 70	HPLACE (State or Foreign						
	219-30-3807 12 M 2 □ F 54 YRS.	MONTHS DAYS HOURS MIN.		Coun	aryland						
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF							
E	Saint Agnes Hospital	Baltimore City		N/A							
DIRECTOR	RESIDENCE OF DECEDENT										
	Maryland Anne Arundel Baltimore (Brooklyn Park)										
	10g. CITIZEN OF WH.										
FUNERAL	4100 Belle Grove Road,	5	USA								
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex		or No- 14. RAC	E American Indian, ck, White, etc.						
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced STATES FYES, GIVE WAR OR DATES KOREA	1 ☐ YES 2 ☑ NO Spe		Spe							
8	15. DECEDENT'S EDUCATION 16a. DECEDENT	S USUAL OCCUPATION If work done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	100						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	use retired.)	C	h. 7	Danta						
MP		<u>ed Truch Driver</u>		tol Auto	Parts						
	17. FATHER'S NAME (First, Middle, Last) William T. Caldwell	18. MOTHER'S Berth	NAME (First, Middle, Maiden		ldwell						
BE		IG ADDRESS (Street and Number or Rur			21225						
2	Mrs. Esther F. Caldwell 410	The second secon		imore, Ma							
	20e. METHOD OF DISPOSITION 1/ XBurlai 2 Cremetion 3 Removal from State 20b. PLACE OF DISP other place)	OSITION (Name of cometery, crematory of	or 20c. L.O	CATION — City or 1	Town, State						
	4 Donetion 5 □ Other (Specify) Woodlawn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecke	Cemetery Mauso		odlawn.	Maryland						
	* XE_EELLINE. ECK	McCully Fune	eral Home of apsco Ave.	Brookly	/n , Md. 21225						
	23. PART i. Enter the diseases, or complications that caused the deeth. Do			The second second second	Approximate						
	shock, Dr heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel		2 0		interval Between Onset and Death						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. S QUARNOUS CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE	Leaner of 1	reced and	reek							
	DUE TO (OR AS A CONSEQUENCE	OF):									
8	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE	OF):									
SAT	if any, leeding to immediate ceuse. Enter UNDERLYING										
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE	OF):									
CERTIFICATION	resulting in death) LAST										
	PART ii. Other eignificent conditions contributing to deeth but not resulting	g in the underlying cause given	in Part i. 24s. WAS AN		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO						
			1 _ YES :		COMPLETION OF CAUSE OF DEATH?						
ME					1 TYES 2 NO						
ÿ											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH									
₹	1	4 Nursing Home 5 Resident	28d. DESCRIBE HOW	INJURY OCCURED							
	1 Netural 5 Pending (Month, Day, Year)	M 1 YES 2 NO									
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)	n, street, fectory, office	261. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,						
E	4 Homicide detarmined		City or Jown, State								
COMPLETED	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occu	irred at the time, date and place, and	due to the cause(a) and ma	nner as stated.							
Ö	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigate	tion, in my opinion, death occured at	the time, date and plece, e	nd due to the cause	(a) and manner as stated.						
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE	NUMBER	29d. DATE SIGNE	D (Month, Day, Year)						
TO E	AND MANE AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH STEM OF DEATH			5/8	140						
,	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	o catan the	Bul + mis	2/22	e						
	31. DATE FILED (Month, Day, Year)	- Culor - NINC	PHAT THE	nov	<i>f</i>						
	MAITT AAH CHEENERS										

examine	
medical	
the	l
event,	١
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine	
other	
9	l
Injury,	
any	۱
Shows	ŀ
23	l
Item	١
9	Ì
marked,	
18	
28	I
Item	

bulia C.

Goodin,MD

22. REGISTRAR'S SIGNATURE Junio Day door - Wandall

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I		YGIEN	E		0 12	13
,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		1.03	3. TIME OF DEAT	TH
1	Har	ry	J.		Car	npbe	11		5-9-	-90 ^M	NY.	YEAR	10:17AM	І м
								1 24 HRS.	7. DATE OF	BIRTH		6. BIRTI	IPLACE (State or Fo	omian
	213-10-4024	1√X M 2 □ F	The same of the sa	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ay, Year)	111	Count	y)	1000
	70 10/12/1								12/19			<u>laryland</u>		
_	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN C						NTY OF C	EATH	
5	4000 Block Pennington Avenue Baltimore City									I N	/A			
5												10d. INSIDE CITY	,	
DIRECTOR										LIMITS?				
FUNERAL										WHAT COUNTRY?				
<u> </u>	3924 Pennington Avenue, 21226								US	A				
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A						VIC ORIGIN?		or No-	14. RAC	E — Americen Indi k, White, atc.	en,
- 1	1 Never Married 2 Married	IF YES, GIVE		JNO			2 NO		n, Puerto Rice y:	iri, etc.)		Spec	the:	
R	XIX Widowed 4 □ Divorced												White	e
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. I	Cive kind of	USUAL O	CCUPATIO	ON et of worki	00	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		-
Ti	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of fe. Do NOT u	se retired.)	during mo	at or working	119						
<u> </u>	12th			Capta	in				CI	harte	er Bo	ats		
<u></u> 6	17. FATHER'S NAME (First, Middle, Last)		<u> </u>				16. MOT	HER'S NA	ME (First, Mide	dle, Maiden	Surname)			-
	Thomas Campbe	11					Δn	nio	Jordan	n Cam	nhal	1		
N N	198. INFORMANT'S NAME (Type/Print)			ION MAIL IN	ADDRES	S /Street s			Route Number,					
2	Ms. Carole R. Ha	honkonn		5804					ltimo				21225	
		perkorn	Total Control						I I C IIIIO	_				
- 1	26a, METHOD OF DISPOSITION XXBuriel 2 □ Cremation 3 □ Rame	oval from State	other	E OF DISPO	CALLED						CATION —	-		
- 1	4 Donation 5 Other (Specify)			Have						Gle	en Bu	rnie	. Maryl	and
- 1	21. SIGNATURE OF FUHIFIAL SERVICE LIC	Ke Ke	vin E.	Ecker				SS OF FA	eral H	omo c	f Rv	0041	MD	
	· X	5 1							sco A					25
	23. PART i. Enter the diseases, or o	complications the	et caused the	daeth. Do									Approxim	
- 1	shock, or heart fallure.							,					interval E	Setween
-1	IMMEDIATE CAUSE (Final disease or condition	Umort	ensive	arto	rioca	alor	tia	, TI TI TI	diouse	culla:	r die	20260	Onset an	d Destn
- 1	resulting in dasth)	e				161	ب بلیان	() () () ()	ALOVAS	Cuia	L CL	cas	-	
- 1		DUE TO	OR AS A CONS	EOUENCE (DF):									
ᆰ	Sequantieily list conditions,	b												
RTIFICATION	If any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE (DF):									
3	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	с											-	
	that initiated events	DUE TO	OR AS A CONS	EOUENCE (DF):								ł	
	resulting in death) LAST	d												
5	PART ii. Other significant condition	e contribution to	death but no	regulting	In the u	nderivin	O COUIGO	olven in	Port I 2	4s. WAS AN	AHTTOREV	24	b. WERE AUTOPSY I	CIMPINAL
₹	TAIT II. Other significant condition	_ contributing to	ogatii ogt iio	. rouditing	iii tiia t	ilderiyiii	A canse	giveii iii		PERFOR	RMED?	-	AVAILABLE PRIOF COMPLETION OF	OT 9
ă									1	☐ YES 1	XX No		OF DEATH?	
MEDIC									_			_	1 - YES X2X	NO
									1	NSPE	CTIO	1		
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF I	DEATH (Ch	heck only one)					
PHYSICIAN:	1 NES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nu	R: rsing Hor	ne 8 🗆 F	Residence	6XXOther (Specify)	SC	ENE		
}	27. MANNER OF DEATH	28a. DATE O		28b. TI	ME OF	28c. IN.	JURY AT		26d. DESCI	RIBE HOW	INJURY O	CURED		
<u>_</u>	1XXIvetural 5 Pending	(MOREI,	Day, Year)	- "	M		YES 2	□ NO						
BÁ	2 DALLIN	28e. PLACE	OF INJURY At	home, ferm,	atreet, fac	tory, offic	20		28f. LOCAT	ON (Street	and Numbe	or Rural	Floute Number,	-
PLETED	3 Suicide 8 Could not be 4 Homicide determined	building	, atc. (Specify)						City or	Town, State,				
4	29a, CERTIFIER	orichea com	Ser as Vertex		Taken i			1.00	7.01	- 10cm	77.0			
	CERTIFYING PHYS													
®/ 8/	2 MEOICAL EXAMINE	The the basis of	examination and/	or investigat	lon, in my	opinion,	death occu	ured at the	time, date ar	nd place, as	nd due to t	the cause	(a) and manner as	stated.
S/	296, SIGNATURE AND TITLE OF CERTIFIES	1//	\sim				29c. LIC	CENSE NU	MBER		29d. DA		D (Month, Day, Year)
m	11/1/20	TIV.	No.	>			0	CME			•	5	-10-90	

111 Penn Street, Baltimore, MD 21201

OHMH-18 Rev 1/89

VC

DIVISION OF VITAL RECORDS, T.O. DOX 19149,	D THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 Hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEW	TO THE HOSPITAL OR ATTENDING PHYSICIAN; Th	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item

1	FOR STATE REGISTRAR	STATE OF MA					EALTH AND N	MENTA	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle Last)	SP. M.	Cim	IN	P)			2. DATE	OF DEATH		EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last i	oirthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH			NCE (State or Foreign
	213-44-8687	1 □ M 2 📡 F	81	YRS.	MONTHS	DAYS	HOURS MIN. (Month, Diey, Year) Country) 9/29/08					Maryland
	9s. FACILITY NAME (If not institution, give						R LOCATION OF DE	ATH		9c. COUNTY	OF DEAT	н
E G	Baltimore Co.	General Ho	sp.	Randallstown						Ва	1tim	ore
S S	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION				10	d. INSIDE CITY
DIRECTOR	Maryland B	altimore		F	Balti	more				1 YES 2 NO		
AL	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
ER	3116 Greenmead Road				21207					United States		
BY FUNERAL	11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 □ YES 2 □ N IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.)					Black, W Specify:	Amarican Indian, hita, etc. White	
COMPLETED	Elamentary/Secondary (0-12) 8th grade	College (1-4 or 5+)	arres. L		se retired.) 1SEWİ	fo						
NO.	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAI	ME (First,	Middle, Malden	Surname)		
BE C	Peter Liberto						Mary	Bro	cato			
5	19a. INFORMANT'S NAME (Type/Print) Mrs. Santina Nic	halaua					nd Number or Rural F				2120	7
	20a. METHOD OF DISPOSITION	liotaus						рат				
20a. METHOD OF DISPOSITION 1								11,71000				
	21. SIGNATURE OF PUNERAL GERVICE LI	CENSEE	/_				nd Address of FA		oral He	200		
	> Stephez	-Mel	nber	_							own,	MD 21133
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a		0 1	mila	the mo	de of dying, suci	h an cai	rdiac or mapi	ratory arres	nt,	Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART ii. Other aignificent conditio	na contributing to de	eath but not re	PER			24a. WAS AN PERFOR 1 YES 2	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH? YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only o	one)			
S	1 VES 2/10	HOSPITAL: 1 ☑ Tripatient 2 □ E	R/Outpatient 3 i	DOA	4 Nun		e 5 🗆 Residence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN. (Month, Day,		28b, TIR	JURY		RK?	28d. DE	ESCRIBE HOW I	NJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF I	NJURY — At hore: (Specify)	o, ferm,	street, fact		/ES 2 NO		CATION (Street a	and Number or	Rurel Rou	te Number,
	4 Homicide determined											
COMPLETED	(Oraca oray	SICIAN: To the best of my										nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIPI	Thearn	10				29c. LICENSE NUI	MBER 495	-/	29d. DATE :	SIGNED (M	fonth, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (7)	e, Print	HO	and C	en.	2nd/-	frep		. , -
	31. DNE AYED (Month Day 1990	Julia Davidson	S SIGNATURE				0			<i>y</i> -		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely	De filed within 72 hours after death with the State Dept. Of relating and wented raygiene prior to buried, of certainly at temporal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--	--

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	5 C	OE			2. DATE OF DE	DAY 2 9	YEAR 2 1 12 PM		
	4. SOCIAL SECURITY NUMBER Be. FACILITY NAME (If not implication, give a	10 m 2 gff 2	3/ YRS. MON	1	HOURS MIN.	7. DATE OF BIS	808	E. BIRTHPLACE (Souty in Foreign Country)		
RAL DIRECTOR	PRESIDENCE OF DECEDENT A 10a. STATE 10b. COUNT 10a. STREET AND RUMBER	Geolica General Market	liv ff	PANI OR LOCATION	Are	res Ude	log. CITIZ	10d. INBIDE CITY LIMITS? 1 ☐ YES 2 ☐ NO EN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATU 1 Never Merried 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 DHO ATES	If yes, spec	NDENT OF HISPANI city Cuban/ Mexican 2 1 NO Specify:		se or No— M. RACE — American Indian, Black, World, etc.				
COMPLETED	15. DECEDENT'S EDI- (Specify only highest grade Elementary/Secondary (0-12)	CATION or completed) Coffegs (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work i life. Do NOT use not	done during most		Mb. KIND	OF BUSINESS/INDU	изтич		
COM	17. FATHER'S NAME (Fest, Michie, Last)			1	18. MOTHER'S NAM	MEL (Firez, Mickelle)	Melden Sumame)			
TO BE	186. INFORMANT'S NAME - SPIN'S TOP,	as In	195. MAILING ADD	206	d Number of Flumi F	loute Municipal Cit	y or fown, State, Zip of	460 HD 211		
	2 Calemation 3 - Ben Donetson 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	novel from State	rund X	Side	ADDRESS/OF PAC	exer		ll Aue		
	23. PART I. Enter the diseeses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Ceruf	ach line. / / / / / / / / / / / / /		le of dying, euch			Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST									
AL	PART II. Other significant condition	ne contributing to death b	out not resulting in th	he underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1									
ву РНУ	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 26c. INJU	JRY AT		E HOW INJURY OCC	URED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, farm, stree city)	et, factory, office		26f. LOCATION City or Tox		or Rural Route Number,		
COMPLETED	const. Only	BICIAN: To the best of my know IER: On the basic of examinatio						ed. e ceuse(e) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE Law P. St	em MD			29c. LICENSE NUN	4BER 200	29d. DATE	SIGNED (Month, Day, Year)		
١	30. NAME AND ADDRESS OF PERSON W A W C C 31. DATE FILED Menth, day, Year 1990	0 51 -	man	nt)						

 \forall

10

11, 1

30. NAME AND ADDRESS OF

2

						9	0 12/38				
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)		***		2, DATE OF DEATH	Y YEA	3. TIME OF OEATH				
	JUANITA L.	COLES			7.7	990	4:30 A.M.				
		SEX 6. AGE (In yrs. 52	lest birthday) IF UNDI YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/4/38	8. B	IRTHPLACE (State or Foreign buntry) MC .				
	9s. FACILITY NAME (If not institution, give street	and number)	9b. CIT	Y, TOWN OR LOCATION OF D	DEATH	9c. COUNTY C	DF DEATH				
TOR	THE JOHNS HOPKINS	HOSPITAL	BA	ALTIMORE		BALTI	MORE CITY				
DIRECTOR	Md .		10c. CITY, TOWN								
FUNERAL	10%. STREET AND NUMBER	treet Apt.	101	101. ZIP CODE 2121	.6		JSA				
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	an, Puerto Rican, atc.)	or No- 14. F	RACE — American Indian, Black, White, etc. Decity: I a C K				
0	15. DECEDENT'S EDUCATI	ON 16a.	DECEOENT'S USUAL	OCCUPATION of during most of working)	16b. KIND OF BUS	SINESS/INDUSTR	RY				
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	-									
OM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden	Sumame)					
BE C	Nathaniel Co	oper		Lyda	a	Branch					
TO B	198. INFORMANT'S NAME (Type/Print) 198. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 732 Reedbird Avene, Balto., Md. 21225										
	20s. METHOD OF OISPOSITION 1	from State		Vame of cemetery crematory or	20c. LO	CATION - CITY O					
	21. SIGNATURE OF FUNGRAL SERVICE LICENS		24	March F/H We	ACILITY EST	0.1.0.7.7.	10, 110				
_ 1	X649 / 1/	an		4300 Wabash							
	23. PART I. Enter the discesses, or complications that caused the deeth. Do not antar the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final discesse or condition										
	resulting in death)	pheumo coce	al The	- Sep815		Lackeys					
TION	disease for condition resulting in death) a. Preumo Cott pl Preumonia 4 Sep & S Due to (ornas a consequence or): Sequentially list conditions, if any, leading to immediate Due to (ornas a consequence or):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CON	SEOUENCE OF):								
CEF	d										
MEDICAL	PART ii. Other aignificent conditions of	ontributing to death but no	ot reculting in the	underlying cause given in	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?				
ME							1 TYES 2 SONO				
PHYSICIAN:		OSPITAL:	ОТН	26. PLACE OF DEATH (C	Check only one)						
IYS	1 TYES 2 THO 1	Compatient 2 ER/Outpatient		ursing Home 5 - Realdence		N HINN OCCUPA					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	:0				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY At building, etc. (Specify)	home, ferm, street, fe	ectory, offica	261. LOCATION (Street City or Town, State)	and Number or R	tural Route Number,				
COMPLETED	[ONOCK ON)	N: To the best of my knowledge,	death occurred at the	time, date and place, and de	us to the cause(s) and ma	nner as stated.					
OM	ane)	On the basis of exemination and	or investigation, in m	opinion, death occured at the	ne time, data and placa, ar	nd due to the ce	use(a) and menner as stated.				
BEC	296. SIGNATURE AND TITLE OF CENTIFIER	ms.	".	29c. LICENSE N	UMBER	29d. DATE SIG	GNED (Month, Day, Year)				

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

JUNE DEVISION - Planded

sard sittle

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

YSK	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hyghene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL DR ATTENDING PHYSIC	FUNERAL DIRECTOR; After this cer	1 within 72 hours after death with th	RTANT: If Item 28 is marked, i
HT CL	HT OT	be file	IMPO

REGISTRAR	STATE OF MARY	CERTIFIC			VIENTAL	REG. NO.	`						
1. DECEDENT'S NAME (First, Middle, Last)	illiam Pat	rick Cr	ay		2. DATE	6-90	Y YE		:50AM M				
4. SOCIAL SECURITY NUMBER		100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH n, Day, Year)		Country)	CE (State or Foreign				
217-86-7235	1 👺 M 2 🗆 F	27 YRS.				-08-19		lary.					
99. FACILITY NAME (If not institution, give at University Hospi		94		or Location of DE Baltimore		.,	9c. COUNTY						
RESIDENCE OF DECEDENT	Ltai			barchiore	CIU	У	Balti	nore	City				
10a. STATE 10b. COUNTY	,	10c. CITY, 1	OWN OR LOC	ATION				104	1. INSIDE CITY LIMITS?				
Maryland Balt	County				1 (YES 2 NO							
10e. STREET AND NUMBER			1	Of. ZIP CODE	10g. CITIZEN OF				COUNTRY?				
3809 Washington	Avenue			21207				5.A.					
11. MARITAL STATUS 1 2 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 📉 NO	2 ☒ NO If yes, specify Cuben, Mexican,				or No— 14.	Specify:	American Indian, hite, etc.				
	<u> </u>								nite				
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during n	riON nost of working	16b	. KIND OF BUS	INESS/INDUS	TRY					
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	Constr											
High School 17. FATHER'S NAME (First, Middle, Last)		Collect	uccion	18. MOTHER'S NA	ME /Elent	Middle Maides	Promone)						
George W.	Crav					M. Me							
19a. INFORMANT'S NAME (Type/Print)		19b. MARING AF	ODRESS /Stree	and Number or Rural I				de)					
Mr. and Mrs. Geo	rge W. Crav			hington A					21207				
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOSIT					CATION — CITY						
1 N Buriet 2 Cremation 3 Remo	ovat from State	other place)					kesvil						
21. SIGNATURE OF FUNERAL SERVICE LIC		7	22. NAME	AND ADDRESS OF FA	CILITY								
Stophe	~M (Jonkin		ng Byers Liberty									
23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on			lode of dying, suc	n aa can	diac or reapi	ratory arres	ι,	Approximate Interval Between Onset and Death				
resulting in death)	e	A CONSEQUENCE OF):	arrica										
	552 10 (611 75	A GONDEGUENCE ON J.							į				
Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE OF):											
ceuse. Enter UNDERLYING	c.												
CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):											
resulting in death) LAST	d												
PART II. Other significant condition	ns contributing to death	but not resulting in	the underly	ing cause given in	Part i.	24s. WAS AN	AUTOPSY	24b. W	RE AUTOPSY FINDINGS				
						PERFOR	MED?	AN	AILABLE PRIOR TO IMPLETION OF CAUSE				
				-		1XXYES 2	□ NO		DEATH?				
					_			X	YES 2 NO				
			26.	PLACE OF DEATH (Ch	neck only o	ne)							
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		THER:	ome 5 🗆 Residence	s □ Oth	ne (Specify)							
EXAMINER?	MXInpatient 2 FR/O		OF 28c, I	NJURY AT			NJURY OCCUI	RED					
	28a. DATE OF INJUR	(Month, Day, Year) INJURY		ORK?		conger	in a	uto/:	Eixed obje				
EXAMINER? ↑○XYES 2 □ NO 27. MANNER OF DEATH 1 □ Netural 5 □ Pending	28a. DATE OF INJUR (Month, Day, Year) INJUF	AM 1	YES 2XXNO	Pas	POCING	m XXQAccident						
EXAMINER? DEXTES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year 5-5-90) 28e. PLACE OF INJU	1:58			281. LO	CATION (Street		Rural Rou	e Number, LIIIPac				
EXAMINER? ↑○XYES 2 □ NO 27. MANNER OF DEATH 1 □ Netural 5 □ Pending	28a. DATE OF INJUR (Month, Day, Year 5-5-90	1:58. RY — At home, farm, str		fice	28f. LO	CATION (Street	and Number or						
EXAMINER? PORT 1 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJUR (Morth, Day, Year 5-5-90 28a. PLACE OF INJU building, atc. (S)	1:58 RY — At home, farm, str	eet, fectory, of Road	fice	281. LOI City Wind	CATION (Street of Town, State)	and Number or						
EXAMINER? POXYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28a. DATE OF INJURY (Morth, Day, Year 5-5-90) 28a. PLACE OF INJURY (Morth, Day, Year 5-90) 28a. PLACE OF INJURY (Morth, Day, No. 1)	1:58/ RY — At home, farm, stropecify)	eet, fectory, of Road at the time, d	fice	291. Loc Chy Wind	CATION (Street of Town, State) ISOT MI Y Mar Use(s) and mar	and Number or 11 Rd, Vland wer as stated	/Kun	tz Lane,Ba				
EXAMINER? 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 299. CERTIFIER (Check only one) 2 NAMEDICAL EXAMINE	28a. DATE OF INJUR (Morth), Dey, Year 5—5—9 0 28a. PLACE OF INJUR building, atc. (S) ICIAN: To the best of my known in the best of examina	1:58/ RY — At home, farm, stropecify)	eet, fectory, of Road at the time, d	ite and place, and due	281. LOC City Wind Ount to the ce	CATION (Street of Town, State) ISOT MI Y Mar Use(s) and mar	nd Number or 11 Rd, VI and order as stated.	/Kun	tz Lane, Ba				
EXAMINER? POXYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28a. DATE OF INJUR (Morth), Dey, Year 5—5—9 0 28a. PLACE OF INJUR building, atc. (S) ICIAN: To the best of my known in the best of examina	1:58/ RY — At home, farm, stropecify)	eet, fectory, of Road at the time, d	ate and place, and due, death occured at the	281. LOC City Wind Ount to the ce	CATION (Street of Town, State) ISOT MI Y Mar Use(s) and mar	11 Rd, VIANO THE SECOND	Kun-	tz Lane, Ba				
EXAMINER? PORVES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 29b. SHANNIUME AND TITLE OF CENTIFIER 29b. SHANNIUME AND TITLE OF CENTIFIER	28a. DATE OF INJUR (Morth), Dey, Year 5—5—9 0 28a. PLACE OF INJUR building, atc. (S)	1:58/RY — At home, farm, strocedly) Owledge, death occurred tion and/or investigation,	net, factory, of Road at the time, d in my opinion	ite and place, and due	281. LOC City Wind Ount to the ce	CATION (Street of Town, State) ISOT MI Y Mar Use(s) and mar	11 Rd, VIANO THE SECOND	/Kun	tz Lane, Ba				
EXAMINER? CXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 XMSOICAL EXAMINE	28a. DATE OF INJUR (Morth), Dey, Year 5-5-90 28a. PLACE OF INJUR building, atc. (S) ICIAN: To the best of my kn- ER: On the best of examina	1:58/RY — At home, farm, strocectly) owledge, death occurred than and/or investigation,	eet, fectory, of Road at the time, di	ate and place, and due, death occured at the	281. Loc City Wind Ount to the ce time, date	CATION (Street or Town, State) ISOT MI We(s) end mei	Il Rd, VIANG VIANG Andrews as stated did due to the c	Kun-	tz Lane, B				

DHMH-16 Rav 1/89

13146,	
BOX	
P. 0.	
RECORDS,	
VITAL	
OF	
DIVISION	

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO			1
,		1. DECEDENT'S NAME (First, Middle, Last) Ralph E. Deitz					2. DATE OF DEATH MONTH DO		1400	2:03 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	.8.	BIRTHPLA	CE (State or Foreign
_		217-09-3444	1 - M 2 □ F 7	1 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/19/18		Country)	Maryland
3 should		9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY		
2, 3	0 B	25 Sheraton Roa	ad	<u>.</u>	Rand	allstown		Balt	imor	e
Jes 1,	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOC	ATION			100	I, INSIDE CITY
it. Pag	P.	Maryland Bal	ltimore		Randall	stown			1 [YES 2 KNO
physician. burial-transit permit. Pages 1, 2,	3AL	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
ian. transit	FUNERAL	25 Sheraton Roa	ad_ 12. was decedent ever in	II C ADMED	I so when	2113	3 IIC ORIGIN? (Specify Yes			tates American Indian,
physic burial-		1 Never Merried 2 K Merried	FORCES? 1 YES	2 NO	If yes,	specify Cuben, Mexica ES 2 V NO Specify	n, Puerto Rican, atc.)	W 140	Black, WI Specify:	ite, etc.
ding I	ВУ	3 Widowed 4 Divorced	. , , , , , , , , , , , , , , , , , , ,	WW I		X	·-			White
use a	TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during i	TION most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
pital o	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Attor			Nolan F	lumhof	f &	Williams
by the hospital or attending be detached for use as the at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		ACCOL	He y	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
by the	ш	Clarence E. De	eitz			Flo	rence Wolf			
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran moval. Ical examiner must be notified at once.	TO B	190. INFORMANT'S NAME (Type/Print)	Doits				Route Number, City or Tow andallstow		^{de)} 211	33
page		Mrs. Florence 1	20b.	PLACE OF DISPO	SITION (Name of	cemetery, crematory or		CATION — City		
rector, present	13	1 Donation 5 Other (Specify)				Cemetery		andall	stow	n, MD
death. Page 6 m. funeral director,		21. SIGNATURE OF FUNEFIAL SERVICE LIC	ENSEE	R	Lori		Funeral Di			
after of n by the f removal.		23. PART I. Enter the diseases, or o	complications that caused	the death Do			Road Rand			D 21133 Approximate
filled in toon, or re-		ahock, or heart failure.	List only one ceuse on as	ich iine.					,	Interval Between Onset and Death
d within ampletely fille ompletely fille 1, cremation, event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	OF):	, '				
ecuted nd con burial,	z	Sequentially list conditions,	ASCUD .	and	cache	un				
be executivities be executed in the second critical contraction of the second critical critic	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A A SCVD) DUE TO (OR AS A MILESTAL	consequence of	of):	e of pre	state			
ertificate ng physi giene pr other t	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A							
ending Hygi	ERT	resulting in death) LAST	d							
t the deat by the att nd Menta Injury,	O	PART II. Other significant condition	e contributing to death be	ut not resulting	in the underly	ing cause given in				RE AUTOPSY FINDINGS
that the by the and any l	MEDICAL						PERFO		CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
requires the een signed of Health shows an	MEC								1	YES 2 NO
law re as bee lept. o										
t: The cate h	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outp	etlant 2 1 DOA	OTHER:	Ome 5 P Residence				
SICIAL Certif	НХ	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	26b. Til	ME OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
NG PHYS fter this eath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MORII, Day, real)			YES 2 NO				
ATTENDIN ECTOR: Att s after des	ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec		street, factory, or	Mice	261. LOCATION (Street City or Town, State		Rural Rout	e Number,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremat PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it	COMPLET	one)	CIAN: To the best of my knowless: On the basis of examination							d manner as stated.
THE HOSPI THE FUNER filed within	BE C	29b. SIGNATURE AND TITLE OF CERTIFIED		10 0	46	29c. LICENSE NU D01056	MBER		10/9	onth, Dey, Year)
₽₽₹	5	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Typ					10/7	
		John J. Darrell,	M.D., 9017 I		Road, R	andallsto	wn, MD 211	.33		
		AY 1 1 1990 Year)	widow- Mandal	× .		· -				DHMH-16 Rev 1/89
		4 4								Dissuit - 10 Lies 1/07

*

DHMH-16 Rev 1/89

⋖	9	-	_	ě
20	ther	#	S/a	100
	60	5	E.	늗
	3	D.	70	8
		Filled	ñ.	-
	2	À	atio	#
	=	lete	nem.	E
2	P	dux	3	A
-	eg.	8	ınia	2
_	9	200	0	nat
<	90	137	or th	3117
2	9	ysic	ğ	E
•	The	4	9	Per
5	THE S	ling	ğ	To
	40	end	Ī	0
-	qea	att	enta	2
ō	2	the	ž	를
5	att	2	and	>
-	5	pag	5	H
3	ires	Sigi	lea	1
IJ	BOL	na na	10	à
r	3	P	H.	60
_	60	has	2	2
4	E	ate	ate	200
=	AN	iffe	Si	2
	200	cen	5	0
DIVISION OF VITAL RECORDS, P.O. BOX 13148,	¥	his	텵	100
-	9	10	=	180
5	NO	Ath	dea	-
5	EN	98.	je,	-
Ë	A	5	Sa	2
=	OR	OIR	THO	Ann
-	M	7	2	-
	P	ER	in	÷
	8	S	Mith	MA
	平	里	2	Day
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moins after de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant: Hitem 28 is marked or Hem 23 shows any injury or other traumatic event, the medical ex
	12	2	2	1

	1. DECEDENT'S NAME (First, Middle, Last)	_ //	Villiam Al	Ened Dorch So	2. DATE	OF DEATH		3, TIME OF DEATH
	William A.	Dosch	receise my	lred Dosch Sn	MONT	9	91	0 0155
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE	OF BIRTH	8. 8	BIRTHPLACE (State or Foreign
1	216-34-0173	1 M 2 □ F	52 YRS. M	INTHE DAYS HOURS A		1. Day, Year)		Md.
	9a. FACILITY NAME (If not institution, give		11 -	b. CITY, TOWH OR LOCATION			9c. COUNTY	OF DEATH
	Carroll Country	general H	ospital	U est minst	er m	d.	Carro	N
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	4		TOWN OR LOCATION	,			10d. INSIDE CITY
	Manufacto Ca	roll		stminster	_			LIMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	2820 Littlesto	wn. Pike.		21	157		us	4.
	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECENDENT OF			or No.— 14,	RACE — American Indian, Black, White, etc.
	1 Naver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, specify Cubso, &		Rican, atc.)		Specify white
				<u> </u>				
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	k done during most of working	166	. KIND OF BUS	INESS/INDUST	RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Driver.		Brew	ery	
ı	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER	'S NAME (First,	Middle, Maiden	Surname)	
	William Lawren	ce Dosch			sie E.			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	ODRESS (Street and Number or				ie)
i	W. A. Dosch Jr.		813 Lo	alan Ave. Ba	Lto., Mo	. 2122	2	
	20a, METHOD OF DISPOSITION 1 □ Burlel 2 M Cremation 3 □ Ren	novel from State	0b. PLACE OF DISPOSIT	ON (Name of cometery, cremato	ory or	20c. LO	CATION — City	or Town, State
i	4 Donation 5 Other (Specify)	TOTAL TOTAL STATE	Gre	en Mount (re		Ba	ltimon	re, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		22. NAME AND ADDRESS			. 6	5224
	- Charle D	· Zeiler		Charles S.	Zeiler	& Son	Inc. &	astern Ave.
	23. PART i. Enter the diseases, or	complications that caus	ed the death. Do not					
		. List only one cause on	each ilna.					Interval Betw
	IMMEDIATE CAUSE (Fine)							
I	iMMEDIATE CAUSE (Fine) disease or condition	. 4	IEPATIC.	COMA				
				Comp				
	disease or condition resulting in death)				ie i	LIVE	e	
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS	A CONSEQUENCE OF:	S OF TH	ie i	LIVE	e	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	CIRRITOSI A CONSEQUENCE OF): CHRONIC		E L	LIVE	e	
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	A CONSEQUENCE OF:	S OF TH	ie i	LIVEI	e	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	CIRRITOSI A CONSEQUENCE OF): CHRONIC	S OF TH	IE I	LIVE	e	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS DUE TO (OR AS d	CIRPIDAL A CONSEQUENCE OF: A CONSEQUENCE OF:	S OF THE	LISM	24a. WAS AN PERFOR	AUTOPSY	Onset and Do Day J VEAR YEAR 246. WERE AUTOPSY FINDI
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS DUE TO (OR AS d	PIRPIDAL A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	S OF THE	LISM	24a. WAS AN	AUTOPSY MED?	Onset and D DBY VEAR YEAR 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	PIRPIDAL A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	S OF THE	LISM	24s. WAS AN PERFOR	AUTOPSY MED?	Onset and D DBY JEAN JEAN 24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	PIRPIDAL A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	S OF THE	LISM	24s. WAS AN PERFOR	AUTOPSY MED?	Onset and Do Day J JEAN JEAN 24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUTO OF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS c. DUE TO (OR AS d. Ons contributing to death	PIRPIDATA A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in	S OF THE PLOCHE the underlying cause give PLOME 28. PLACE OF DEAT	en in Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	Onset and Do Day J JEAN JEAN 24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUTO OF DEATH?
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the condition of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	DIRRIDGE A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in C SYN3	THER:	en in Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? (D) NO	Onset and Do DAY J VEAR 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause in the cause of injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused to the cause of	DUE TO (OR AS C. DUE TO (OR AS d. Ons contributing to death PATU REMA	DIRPHOSIA A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in Syma utpetient 3 DOA 4	THER: Nursing Home 5 Resider	en in Part I. TH (Check only or lence 6 🗆 Other	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? (D) NO	Onset and Do DAY J VEAR 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death and the sequence of the	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	DIRRIDGE A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in C SYM3 utpetient 3 DOA 4 Y 28b. TIME INJUR	THER: August Company	en in Part I. If (Check only or lence 6 Other 28d. DE	24a. WAS AN PERFOR 1 YES 2 10 YES 2 10 YES 2 10 YES 2	AUTOPSY MED? (L) HO	Onset and Do DAYJ JESAJ YEAR 24b. WERE AUTOPSY FINDS AMULABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause in the cause of injury that initiated events resulting in death) LAST PART II. Other significant conditions are caused in the cause of the cause of the caused in the caused in the cause of the caused in the caused	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. PA TO REMARK HOSPITAL: 10 Inpetient 2 ER/Ox 28s. DATE OF INJUR (Month, Day, Year)	DIRPHOSI A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in C SYM2 utpetient 3 DOA 4 Y 28b. TIME INJUR	THER: August Company	en in Part I. TH (Check only or lence 6 Other 28d. DE 10 Other	24a. WAS AN PERFOR 1 YES 2 10 YES 2 10 YES 2 10 YES 2	AUTOPSY MED? (L) HO	Onset and Do DAY J VEAR 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined.	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	BIRPHOSE A CONSEQUENCE OF: A CONSEQUENCE OF: But not resulting in C SYMA utpetient 3 DOA 6 Y 28b. TIME. INJUR	THER: Nursing Home 5 Resident Work? 28. PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF DEAL OF PLACE OF THE PLACE O	en in Part I. TH (Check only or lence 6 Other 28d. DE 100 City	24a. WAS AN PERFOR 1 YES 2 The YES 2 The YES 2 The YES 2 The YES 2 The YES 2 The YES 2	AUTOPSY MED? DNO NJURY OCCURI	Onset and Do DAYJ JESAJ YEAR 24b. WERE AUTOPSY FINDS AMULABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation in the investigation investigation in the investigat	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	B A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in S J 23 utpetient 3 DOA 6 Y 28b. Time. INJURY At home, farm, atmoscity)	THER: Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5 Resident Parks Nursing Home 5	en in Part I. TH (Check only or lence 6 Other 28d. DE 100 other	24a. WAS AN PERFOR 1 YES 2 TO Specify) SCRIBE HOW II CATION (Street a or Town, State) use(a) and man	AUTOPSY MED? DIVO NJURY OCCUR and Number or P	Onset and Do DAYJ VEAA 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO Rural Route Number,
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 6 Pending investigation investigation investigation determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR A	B A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in S J 23 utpetient 3 DOA 6 Y 28b. Time. INJURY At home, farm, atmoscity)	THER: Nursing Home 5 Residence Resi	en in Part I. TH (Check only or lence 6 Other 28d. DE 100 other	24a. WAS AN PERFOR 1 YES 2 TO Specify) SCRIBE HOW II CATION (Street a or Town, State) use(a) and man	AUTOPSY MED? DIVO NJURY OCCUR and Number or P	Onset and Do DAYJ VEAA 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO Rural Route Number,
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation in the investigation investigation in the investigat	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR A	B A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in S J 23 utpetient 3 DOA 6 Y 28b. Time. INJURY At home, farm, atmoscity)	THER: 26. PLACE OF DEAD THER: 28c. INJURY AT WORK? M 1 YES 2 N Not, factory, office et the time, data and place, ar in my opinion, death occured	en in Part I. I'M (Check only or lence 6 Other 28d. DE 10) 28f. LOX City and due to the ce at the time, det is E NUMBER	24a. WAS AN PERFOR 1 YES 2 TO Specify) SCRIBE HOW II CATION (Street a or Town, State) use(a) and man	AUTOPSY MED? (E) NO NJURY OCCUR! Ind Number or F	Onset and Do DAY J VEAS YEAR 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 6 Pending Investigation investigation investigation determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER AND TITLE OF CERTIFE	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	B A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in C SYM3 utpetient 3 DOA 4 Y 28b. Time INJUE RY — At home, farm, atro- pecify) Wedge, death occurred tion and/or investigation,	THER: August Color	en in Part I. TH (Check only or lence 6 Other 28d. DE 10 Other	24a. WAS AN PERFOR 1 YES 2 10) 17 (Specify) SCRIBE HOW II CATION (Street a or Town, State) use(s) and marria and place, an	AUTOPSY MED? (E) NO NJURY OCCUR! Ind Number or F	Onset and Do Day J VEAS YEAR 24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Rural Route Number,
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the cause of injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Netural 6 Pending investigation investigation investigation determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	B A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in C SYM3 utpetient 3 DOA 4 Y 28b. Time INJUE RY — At home, farm, atro- pecify) Wedge, death occurred tion and/or investigation,	THER: 26. PLACE OF DEAD OF 28c. INJURY AT WORK? M 1 YES 2 N Not, factory, office et the time, data and place, ar in my opinion, death occured	en in Part I. TH (Check only or lence 6 Other 28d. DE 10 Other	24a. WAS AN PERFOR 1 YES 2 10) 17 (Specify) SCRIBE HOW II CATION (Street a or Town, State) use(s) and marria and place, an	AUTOPSY MED? (E) NO NJURY OCCUR! Ind Number or F	Onset and D D BY J VEAR 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATHY 1 YES 2 NO Rural Route Number,

en la companya de la

director, page 5 should be detached for

the funeral

filled in by

within

executed

cremation,

nding physician and completely Hygiene prior to burial, crematit

signed by the attending physician in Health and Mental Hygiene prior to

has been s Dept. of H

r this certificate h h with the State I

DIRECTOR: After the hours after death w

高品品

Mario F. Golle, Jr., MD

1990

32. REGISTRAR'S HOWATURE

MAY 1 1 19

8

use as the burial-transit permit. Pages 1, 2. 3 should

13146,	
O. BOX	
σ.	
RECORDS	
OF VITAL	
DIVISION	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 8-90 DAY Everett 11:30AM I. John A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 √ X 2 □ F YRS. 68 09-21-2 240-10-0872 CAROLINA Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH Baltimore City Bon Secour Hospital DIRECTOR N/ARESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X XES 2 NO MARYLAND N/A BALTIMORE 101, ZIP CODE FUNERAL 10a. STREET AND NUMBER 18g. CITIZEN OF WHAT COUNTRY? 21223 313 WEST SARATOGA STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 1 YES 2 X NO Specify Specify: BY 1942-1946 BLACK ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g COMPLET Elementary/Secondery (0-12) College (1-4 or 5+) RETIRED once. 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ħ JAMES EVERETT ELIZABETH WESTON BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CARLENE E. 2106 PENROSE STREET (21223) GRADY pe 20e. METHOD OF DISPOSITION
1 X Murtel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must GARRISON FOREST VETERAN BALTIMORE. MARYLAND 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY P.O. BOX 4433 (21223)BROWN/THOMPSON F.H. medical ANT In Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, shock, or heart fallure. List only one cause on each line Interval Retween Onset and Dasth IMMEDIATE CAUSE /Final the disesse or condition Diabetes Mellitus resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TES NO 1 TYES 2 NO INQUIRY PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem FXAMINER? HOSPITAL: OTHER XXXXES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 28e. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 DiGitural 5 Pending М 1 YES 2 NO B∀ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ED 4 Homicide 28 datermined COMPLET Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end menner ee stated. TO THE FUNERAL I be filed within 72 h IMPORTANT: If IN # MEDICAL EXAMINER: On the basic of investigations in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated. CHATURE AND TITLE OF CERTIFICH 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE **OCME** 5-9-90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE DEATH OTTER 274 /hpm

111 Penn street, Baltimore, MD 21201

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DI LAINE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	ned by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the fined within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	ould be detache
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	fled at once.

								0 12/10
	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN EA1	RL FOARD				990 YE	3. TIME OF DEATN
		5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HRTNPLACE (State or Foreign Journtry)
	216-09-9414 9s. FACILITY NAME (If not institution, give stree		73 YRS.	OF CITY TOWN	OR LOCATION OF DE	4-26-191	9c. COUNTY	MARYLAND
DIRECTOR	6833 HOPKINS ROAD	, and named			HAREWOO1			BALTIMORE
REC	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND BA	LTIMORE			AREWOOD 1	PARK	10a. CITIZEN	1 YES 2XX NO
FUNERAL	6833 HOPKINS ROAD					220		U.S.A.
	11. MARITAL STATUS 1 Never Merried 2XX Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT	700	16a. DECEOENT'S			18b. KIND OF BU	CINESO (NIDUCE	WHITE
COMPLETED	(Specify only highest grade co	college (1-4 or 5+)	(Give kind of w	ork done during mo retired.)	at of working	166. KIND OF BU	SINESS/INDUS I	HT .
MPL	6TH GRADE	N/A	QUA	LITY CO	NTROL WOI	RKER REEL	-AVERY	COMPANY
	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Melder		
BE	WILLIAM R. FOARD 190. INFORMANT'S NAME (Type/Print)	,	19b. MAJLING	ADDRESS (Street		EN CROMWEL Route Number, City or To		io)
2	CATHERINE EILEEN F	OARD	12000	7.000		LTIMORE. N		
	26#1 METNOD OF DISPOSITION 1/2/ Burlel 2 Cremetion 3 Remove	rai from State	Ob. PLACE OF DISPOS other place)	ITION (Name of ce	metery, crematory or	20c. Li	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)		AK LAWN C	EMETERY 22. NAME A	5-11-19	990 BA	LTIMOR	E, MARYLAND
	Food P.	'Card		DUDA	-RUCK FUI			VDALK, INC. 21222
	23. PART I. Enter the diseases, or co- ahock, or heert failure. Lie			ot enter the me	oda of dying, suc	h as cerdiac or resp	olratory erreat	Intarval Between
1	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) • CEREBEAL VASCULAR ACCIDENT							
	DUE TO (OR AS A CONSEQUENCE OF):							
NO.	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	DIABE	STES	M	ELLI	TUS		30 455
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ງ: ່				
CEF	d.							
CAL	PART II. Other significant conditions	contributing to death	but not resulting I	n tha underlylr	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						1 TYES	2 M NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF OEATN (CA	heck only one)		
HYSI	1 VES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Ou 26e. DATE OF INJURY	Y 28b. TIM	E OF 28c, IN	JURY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUP	ED
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)) INJ		ORK? YES 2 NO			
ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, (street, factory, offi	Ce	28f. LOCATION (Stree City or Town, Start	t and Number or	Rural Route Number,
COMPLET	(Check only	IAN: To the best of my kno						suse(e) end menner as stated.
S =	296. SIGNATURE AND TITLE OF CERTIFIER	/		and the control of th	29c. LICENSE NU	MBER		IGNED (Month, Day, Year)
O BE	way De	un les	D		427	613	1 5	18190
	30. NAME AND ADDRESS OF PERSON WHO	COMBLETED CALLES OF	DEATH STEM 2D /Keep	Deinel	-0.			

PLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

T"1990

THE VASEULAR ACCIDENT
I PERTENSION
DIATIETES MELLITUS

NSICIAN: The law requires that the death certificate be executed within 24 mass after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should fill without by the filled with his careful and for the state by the filled property of the state of the	the medical examiner must be nother at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache before with a first page 1. Or Health and Mental Hygiers prior to Variate companion, or services. It is not to be a service of the property of the prope	IMPORTANT. II REIII 20 15 Markeu, of hem 23 shows any mjuly, or outer neumano event,

31. DATE FILED (Month, Day, Year)
MAY 1 1 1990

30. NAME AND AGORESS OF PERSON MD

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Harbor Hospital

A	FOR 1 STATE	STATE OF MA					MENTAL HYGIEN	E	90 1274
	negistrar 1. decedent's name (First, Middle, Leath Lillian Olive Fo		CE	RTIFIC	ATE OF	DEATH	REG. NO 2. DATE OF DEATH MONTH DO	AY Y	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 218-22-7462	5. SEX 8.	AGE (In yrs. last	YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 6/7/26	8.	BIRTHPLACE (State or Foreign Country) Maryland
TOR	99. FACILITY NAME (II not institution, give structure) Harbor Hospital Correspondence of December 1			96		nore City			OF DEATH
DIRECTOR	Maryland Mont	gomery			own or Locat hersbu:	rg			10d. INSIDE CITY LIMITS? 1 YES 2 A NO
FUNERAL	100. STREET AND NUMBER 803 Quince Orchard 11. MARITAL STATUS	Blvd. A		4FD		20878	NIC ORIGIN? (Specify Yes	U.	S.A.
B⊀	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 [YES 2 X N		If yes, sp	ecify Cuben, Mexica 2 NO Specifi	n, Puerto Rican, etc.)		Specify: Caucasian
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Gh	EDENT'S USI TO KIND OF WORK DO NOT USE TO	JAL OCCUPATION done during modelired.)	ON at of working	Live i		TRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) Francis P. Fogle,	Sr.					ME (First, Middle, Meiden ian Elizab		ight
10	Mr. Floyd H. Fogle	, Jr.	80	3 Qui	nce Or	chard Bl		3 Gait	hersburg, MD
	20a. METHOD OF DISPOSITION 1 Burdel 2 Cremetlop, 3 Removal from State 4 Done-tloop of Option (Space of Carroll Cremation Services 21. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter), cremetory or other place) 1. MONATURE OF DISPOSITION (Name of commeter) 1. MONATURE OF DISPOSITION (Name of commeter) 1. MONATURE OF DISPOSITION (Name of commet								
	· Joseph Ton	ML	>		Lori 8728	ng Byers Liberty	Funeral D Road Ran	dallst	own, MD 21133
	23 PART Enter the disease, or conclude the second s	lst only one cause	on sech line.	ary Ar		de of dying, suc	h as cardiac or resp	iratory arrea	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING							
ERTIFI	CAUSE (Disease or injury that initiated events presuiting in deeth) LAST c. Due to (or as a consequence of):								
MEDICAL O	PART II. Other algnificant conditions	contributing to de	eath but not re	esulting in t	ha underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				28. P	.ACE OF DEATH (Ch	reck only one)		1 YES 2 NO
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3		THER:	e 5 Reeldence	8 Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY			M 1 🗆	c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCUREO WORK?		REO	
ED	3 Suicide 8 Could not be 4 Homicide datermined	building, et					28f. LOCATION (Street City or Town, State))	
COMPLET	(Check only						to the cause(e) end me time, date end place, er		ceuse(e) and menner as stated.
O BE C	29b, SIGNATURE AND TITLE OF SERVING					29c. LICENSE NUI		29d. DATE S	SIGNEO (Month, Day, Year)
FI	30 NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE	OF DEATH (ITEM	1 273 /Sma Del	lene)			-	7



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC				GIENE G. NO.	12740	
	1. DECEDENT'S NAME (First, Middle, Last)	est) 2. DAT					ATH	3. TIME OF DEATH	
	Harry Carrol	oll GEBHARD, Jr. May			May	7]	YEAR 1990 7:45 p. M		
	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	TH I	8. SIRTHPLACE (State or Foreign	
	218-05-9197	1 X M 2 □ F	73 YRS. MOI	THS DAYS	HOURS MIN.	Dec. 2	, 1916	Baltimore, MD	
	Sa. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN C	R LOCATION OF DI	EATH	9c. COUN	TY OF DEATH	
DIRECTOR	Calvert Manor Nur	sing Home, In	c. 1	Rising	Sun, MD		Cec:	il	
SE I	10a. STATE 10b. COUNT	ry	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY	
O	Maryland		Forest	t Hill,	Baltim	ore, MD		1 TES 2 (X) NO	
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	
E	1804 Grafton S	hop Road		. 2	21050		U.8	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAI			14. RACE — American Indian, Black, White, etc.	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			Specify:	
	15, DECEDENT'S ED	UCATION	16a. DECEDENT'S USL	IAL OCCUPATION	M	16h KIMD	OF BUSINESS/INDU	White	
	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	st of working	TOOL KIND	OF BOOMESSAMO		
2	12	Conege (1-4 or 5+)	SUDE	RVISOR		,	PG		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- SUPL	VISUR	16. MOTHER'S NA				
BE C	Harry Carroll G	ebhard, Sr.			REGINA	(UNKNOW	JN)		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			or Town, State, Zip (Code)	
5	Mrs. Norma Blevi	ns	1804 (Graftor	Shop Re	d., For	est Hill,	, MD 21050	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)								
	4 Donation 5 Other (Specify)		BALTIMORE				BALTIMO	RE MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE L	GARY D	iGIOVANNI	22. NAME A	ID ADDRESS OF FA	BA	LTIMORE	MD. 21214	
	Haw R ()	i Hi arunn		LEON.	ARD J. R			ARFORD RD.	
	23. PART L Enter the diseases, or	complications that caused	the daeth. Do not	anter the mo	de of dying, euc	h ae cardiac o	r reepiratory arre		
	iMMEDIATE CAUSE (Final	List only one cause on as	ich line.		. ~			interval Between Onset and Death	
	disease or condition resulting in deeth)	disease or condition							
		DUE TO (OR AS A	CONSEQUENCE OF):					11. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
Z	Sequentially list conditions, b. A.S.C.V.D.								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
5	CAUSE (Diseese or injury	C. DUE TO (OR AS A	CONSEQUENCE OF):						
Ē	that initiated events resulting in death) LAST								
CEI		d							
AL	PART II. Other aignificant condition		ut not reaulting in t	ha underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	Various	C.V.A.				10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC								1 TES 2 NO	
Ž									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PI	ACE OF DEATH (C	heck only one)			
IYS	1 YES 2 NO	1 Inpatient 2 ER/Outp			e 6 🗆 Residence	-			
F	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WC	URY AT	28d, DESCRIBI	E HOW INJURY OCC	URED	
BY	2 Accident Investigation	28s. PLACE OF INJURY	- At home form street		YES 2 NO	281 LOCATION	(Street and Number	or Rural Route Number,	
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (Spec	Hy)	or, metory, office	•	City or Tow	n, State)	or Provide Product Professions,	
	29a, CERTIFIER								
MP	onel	SICIAN: To the best of my knowl						o cause(s) and manner se stated.	
8			- vivaco miranigation, i	The operation, c					
BE	296. SIGNATURE AND TITLE OF CERTIFI	501	^^		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time Del	nt)	0111		1, 2	10	
			to an any trypo, Pri						
	31. DATE FILED (Mogth, Day, Year)	32 REGISTRAR'S SIGN	ATURA MA						
	31. DATE FILED (MORTY, DEV. MAY 1 199	1) Gula Deviden	AND PROPERTY.						



ő.

9 g

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	e de		10
Da Da	d blu		P P
etain	Sho		Ē
De n	98 5		9
тау	c pa		st b
9 9	recto		E
Pag	ig di		ner
eath.	funer		хаш
fter d	the	gal.	8
Sal	in by	Leu I	edic
	Med	o,	E
in 24	ely fi	OTEL	š
with	nplet	Cle	vent
outed	03	unal.	lic e
900	n an	2	la ma
e pe	Sicia	200	tra
tifical	phy	ene i	her
Cen	nding	Ř	0 10
death	atte	e luci	7,
the	the	Ø	를
that	of pa	h an	amy
lires	Sign	Healt	S M
regu	neen	0	sho
law.	as p	Dept Dept	23
F	ate	tate	tem
CIAN	ertific	the S	6
HYSI	his c	E E	ked,
NG P	ther th	ath	mari
NON	R: At	er de	89
ATTE	ECTO	s aft	n 28
O.	DIR	hour	iten
YTAL	PAL	27	11
HOSE	FUNE	Within	IAN
THE I	뿔	led	OR
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	M

								90 12746
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO.		30 12/40
	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
ľ	ANNA LOUISE GOOD	OS				05		990 1000 0 11
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- 1	B. BIRTHPLACE (State or Foreign Country)
	217-38-3056	1 □ M 2 沈 F 5	4 YRS.	NTHS DAYS	HOURS MIN.	6/6/35		Maryland
	9a. FACILITY NAME (If not institution, give at		1		R LOCATION OF DE	EATH	9c. COUNT	TY OF DEATH
5	University of Mar	cyland Hospi	tal	Balti	more			
ECION	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	·	10c. CITY. Y	OWN OR LOCATI	ON			10d. INSIDE CITY
	Maryland		Ra1	timore				LIMITS?
	10a STREET AND NUMBER		Dai		ZIP CODE		10g CITIZI	EN OF WHAT COUNTRY?
2	2220 Pices Ave			1 200	21216			.S.A.
	2320 Riggs Ave.	12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DEC		HC ORIGIN? (Specify Yes		D • A. • 14. RACE — American Indian,
2	1 Never Married 2 Married	FORCES? 1 YES	2XX10	If yes, spe	cify Cuban, Mexica	n, Puerto Rican, atc.)	101140-	Black, White, etc.
BY FUNERAL	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR I	DATES	1 YES	2X NO Specify	y:		Specify: White
EIED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED TO	16a. DECEDENT'S US	UAL OCCUPATIO	N t of working	16b. KIND OF BU	SINESS/INDU	ISTRY
ų l	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n					
2	9th Grade		Homemake	r				
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
מ	John Klehler				Mar	y C. Hunte	r	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
=	Mary Springer	-	606 Fai	rmount	Rd. Li	nthicum, M	aryla	nd 21090
	20a. METHOD OF DISPOSITION 1 □ Burial 2XXXCremation 3 □ Ramo	ovel from State	b. PLACE OF DISPOSITI	ON (Name of cem	etery, crematory or	20c. LO	CATION - CI	Ity or Town, State
	4 Donation 5 Other (Specify)	M	etro Crema	tory,	[nc.	Bal	timor	e, Maryland
	21. SIGNATURE OF FUNETIAL BERVICE LIC	ENSEE /	1111		D ADDRESS OF FA			
	101010	1 4	Total	Hubbar	rd Funer	al Home, I	nc.	, Maryland
⊣	23. PART i. Enter the disesses, or o	complications that cause	d/the death. Do not	enter the mo	le of dving, suc	h as cardisc or resp	iratory arre	est, Approximate
	ahock, or heart fellura.	List only one cause on			, ,		,	Interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition	c 1. 1	Λ	+				Oliset and Death
	resulting in deeth)	e. Cardis pul	A COMMISSIONENCE OF):	اد:				
.	_	C).	A 4 .					į
2	Sequentieily list conditions, if sny, leeding to immediate		A CONSEQUENCE OF):					
4	cause. Enter UNDERLYING							
RTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
	resulting in dasth) LAST	d						
5	SAST II Other significant condition			ab d . d . d . d	b	Book I ar man		
١٨	PART II. Other significant condition			tne undertying	cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	Losula Deprodest	Diabetes Mellit	۷			1 🗆 YES :	NO I	OF DEATH?
빌								1 TES 2 NO
PHYSICIAN:								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF DEATH (Ch	neck only one)		
2	1 X YES 2-10	1 Inpatient 2 ER/Ou	tpatient 3 DOA 4	☐ Nursing Hom		S Other (Specify)		
E	27. MANNER OF DEATH 1. Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		Y WO	RK?	28d. DESCRIBE HOW	NJURY OCCU	URED
2	2 Accident Investigation				ES 2 NO			
	3 Suicide s Could not be	28e. PLACE OF INJUR building, etc. (Sp.	<pre>IY — At home, farm, stre ecify)</pre>	et, factory, office	1	28f. LOCATION (Street City or Town, State	and Number o	or Rural Route Number,
7	CONTROL OF THE STATE OF THE STA	ICIAN: To the best of my kno	wledge, death occurred	at the time, date	and place, and due	a to the cause(a) and ma	nner as state	d.
COMPLEIED	one) 2 MEDICAL EXAMINE	R: On the basis of axaminati	on and/or investigation,	in my opinion, d	esth occured at the	time, deta and place, a	nd dua to the	ceuse(a) and menner as stated.
U U	296. SIGNATURE AND NILE OF CERTIFIER	R			29c. LICENSE NU			SIGNED (Month, Day, Year)
20	Vivaii	m Mg.			D3924	5	▶ 5	18/90
2	30. NAME AND ADDRESS OF PERSON WH				AE M.SA	1 0		
- 1	FRANK PROCACCINO	MO 22 S	GREENE St.	DEPT	OF MEDI	CINE BALT	Md.	21201

1990

A 22. REGISTRA'S SIGNAMA

21201

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physic	3 by the funeral director, page 5 should be detached for use as the burial removal.	dical examiner must be notified at once.	
		filled in	e me	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 steer death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

REGISTRAR		CERTIF	ICALE	JE DEAL	H	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Flossie Graham					2. DAT MON	E OF DEATH TH DA	V YEAF	3. TIME OF DEATH 10:40 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24		OF BIRTH	8. 80	RTHPLACE (State or Foreign
239-16-7182	1 M 2 MF 80) YRS.	MONTHS DA	YS HOURS	miny.	nth, Day, Year) -04-10	Co	NC
9a. FACILITY NAME (If not institution, give	street and number)		9b, CITY, TO	WN OR LOCATION		-04-10	9c. COUNTY O	
16 N. Ellamont	STATE OF THE STATE OF		Balt	imore				
RESIDENCE OF DECEDENT							l	
MD 106. COUNT	TY	Ba.	v, town on L timore	OCATION 2				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 16 N. Ellamont				101. ZIP CODE 21229			10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE	THE PARTY	40 1110	DECENDENT OF	HIDDANIC COIC	(h) (0 4 . M		ACE — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yo	e, specify Cuben, YES 2 ANO	Mexican, Puerto		8	lack, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us Nursir	work done during se ratired.)	PATION ag most of working	16	b. KIND OF BUS	BINESS/INDUSTR	Y
		I MULSII	*3					
17. FATHER'S NAME (First, Middle, Last)					ER'S NAME (First		Sumame)	
Robert Lucas				Ida	a Mae L	ucas		
19a. INFORMANT'S NAME (Type/Print)				reet and Number o		mber, City or Tow	n, State, Zip Code;	
Henry Graham		16 N	I. Ella	amont St	t			
20s. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ret 4 □ Donation 6 □ Other (Specify) —	moval from State	other place) Garrison			itory or		cation — chy o	
21. SIGNATURE OF FUNERAL SEMINCE L	MU D-	Bron	. /	wn & The		F.H. Р	.O. Box	4433, Balto
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	B. DUE TO (OR A	gnest L		ny				interval Between Onset and Death
cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR A	S A CONSEQUENCE O	F):					
PART II. Other significant condition	ons contributing to desti	but not resulting	In the under	rlying cause gl	ven in Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
-								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DE	ATH (Check only	one)		
EXAMINER?	HOSPITAL:	outpatient 3 DOA	OTHER:	Home al	idence 6 🗆 Ot	har (Spanika)		
27. MANNER OF DEATH 1 Netural 6 Pending	26a. DATE OF INJUF (Month, Day, Yea	RY 26b. TIR	AE OF 28- JURY	c. INJURY AT WORK?	28d. D		NJURY OCCURE	
2 Accident arresingation 3 Suicide 6 Could not be determined	28a PLACE OF INJI	JRY — At home, farm, Specify)	street, factory,	, offica	261. LC	CATION (Street ty or Town, State)	end Number or Ru	ral Route Number,
Torridon orny	SICIAN: To the best of my kr NER: On the basis of examina			ion, death occurs			nd due to the cau	se(a) and manner as stated. NED (Monts, Day, Year)
30. NAME AND ADDRESS OF PERSON W	which the	DEATH (ITEM 27) (See	Print)	00	7-435	6	D 5/	10/90
St Agnes Hospi	tol 900C	aton fo	· B	els.	nd .	2/22	9	
MAY II 199	10 July David	Son-Andall						

DHMH-18 Rev 1/89

1 - FOR STATE REGISTRAR

2	withi
4	2
2	200
	Photo
×	2
8	Sezia
Ö	Cartif
, P.O. BOX 13146,	. The law requires that the death certificate he executed within
Ś	0
	4
E.	#
\aleph	700
RECORDS,	regil
-	90
4	2
	-
>	IAA
L	2
0	25
Ž	MIC
0	5
DIVISION OF VITAL	OB ATTENDING DAVEICIAN
2	g
	0
	DITA

	BOBBY G	HEST	ORRY CUES	z m				EAR	730 PM
	4. SOCIAL SECURITY NUMBER 2 1 8 - 2 8 - 4 8 7 1	5. SEX 8. AG	E (In yrs. last birthday) 7 YAS.			7. DATE OF BIRTH (Month, Day, Year)		Country)	
NR.	9a. FACILITY NAME (If not institution, give Maryland Genera	street and number)	, 110.		n on Location of OE More City		9c. COUNTY	OF DEATH	
DIRECT	RESIDENCE OF DECEDENT 10a. STATE MARYLAND N/A		10c. Cl	TY, TOWN OR LO Balti	cation more City				LIMITS?
ERAL	100. STREET AND NUMBER 2417 WESTPORT	STREET			21230				COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X XVO	If yea,	DECENDENT OF HISPAN specify Cuban, Mexical (ES 2 NO Specify	n, Puerto Rican, etc.)	se or No 14	Black, Wi Specify:	hite, etc.
E	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)			work done during we retired.)	most of working				Y
ш	17. FATNER'S NAME (First, Middle, Last) JAMES GUEST								
	19a. INFORMANT'S NAME (Type/Print) SHIRLEY T. C	UEST	19b. MAILIN 2417	WESTI	et and Number or Rural F	Poute Number, City or To EET (212	wn, State, Zip Co 30)	ode)	
	20a. METHOO OF DISPOSITION XIXBurial 2 Cremation 3 Re 4 Donation 8 Other (Specify)		other place)						
4. SOCIAL SE 2 1 8 - 9a. FACILITY MALY PRESIDENT 10a. STATE MARY 10a. STATE MARY 10a. STREET 2 4 1 7 11. MARITAL S 1	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	mes						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	bDUE TO (OR AS	S A CONSEQUENCE (OF):	Steed	κ,			
MEDICAL	CHRONIC RENAL FAILURE HEDATIC BALLURE VE CO D 1 NO POLICIA D 1 YES 253.NO 1 YES 253.NO 1 YES 253.NO								
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:					
Description of the control of the									
	3 Suicide 8 Could not b	28e. PLACE OF INJU	IRY — At home, ferm. (pecify)	, street, factory, o	office	RE 24 HRS. 7. DATE OF BIRTH MIN. 109-16-32 BALTO., MD. 100. INSIDE CITY Security Sec. COUNTY OF DEATH N/A City 100. INSIDE CITY LIMITS? 100.			
OMPLE	(Check only								d manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIF	IER .			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (MC	onth, Day, Year)
¥	30. NAME AND ADDRESS OF PERSON V		DEATH (ITEM 27) (TYP	ANO	66N.	4011.			
	31. DATE FILED (MONTH, Day, Year) MAY 1 1 199(32. REGISTRAR'S SI	GNATURE AMOUNT	No.					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAN		RTMENT OF ICATE OF			MENTAL KY	Civ	50	12145	
	1. DECEDENT'S NAME (First, Middle, Last) ALVIN P. HALL					2. DATE OF DE MONTH	6.90	(EAR 3. T	8:50 PM	
	4. SOCIAL SECURITY NUMBER 2 7 0 -813 12 M 2 F 8	rs. lest birthday) YRS.	MONTHS DAYS	dia					CE (State or Foreign	
	9a. FACILITY NAME (If not Institution, give street and number)		9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH	9c. COUN	TY OF DEATH		
OB	Baltimore Co. Gen. Hosp.		Balt	.0.						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 00	Y, TOWN OR LOC	ATION				1 404	, INSIDE CITY	
DIRECTOR	Md.	100.01	Balto.					LIMITS?		
	10e. STREET AND NUMBER			of. ZIP CODI	E	 	10g. CITIZ	EN OF WHAT		
ER/	3103 Leighton Avenue			212	15		1	JSA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES: IF YES, GIVE WAR OR DATE	2 NO	If yes,		n, Mexican	IC ORIOIN? (Specify I, Puarto Rican, etc.)	Yes or No-	14. RACE — / Black, Wh Specify: Black	American Indian, nita, etc.	
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	In. DECEDENT'S	USUAL OCCUPA	TION	200	16b. KIND OF	BUSINESS/INDI	JSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during i se retired.)							
MP	9th Grade	Upe	rating							
	17. FATHER'S NAME (First, Middle, Last) Benjamin Hall					ne (First, Middle, Mei erine) a i l a u		
H	19a, INFORMANT'S NAME (Type/Print)	19h MAILING	ADORESS (Street			oute Number, City or		Dailey		
٩	Effie Hall					Balto.,		21215		
	20a, METHOO OF DISPOSITION 1 N Burlal 2 Cremetion 3 Removal from Stale	LACE OF DISPO	SITION (Name of o	emetery, cren	natory or		LOCATION — C		State	
	4 Donation 5 Other (Specify) 21, SIGNATURE & FUNERAL SERVICE (LICENSEE	Arbut	us Mem.	PK.	20.05.54		Arbutus	;, Md.		
	None	To		rch F 00 Wa						
	23. PART I. Enter the diseases, or complications that caused the	1 9					entratory arm	net I	Approximate	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	NATONSEQUENCE	ORY	FA					Interval Batween Onapt and Pesth	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		10N1 A							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	INSEQUENCE OF):								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
N: MEDICAL	RENAL FAIL	NE	, El	OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			PLACE OF D	EATH (Che	eck only one)				
PHYSICIAN:	1 YES 2 NO 1 inpatient 2 ER/Outpatient			ome 5 🗆 R	esidence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY	NJURY AT VORK? YES 2	NO NO	28d, DESCRIBE HO	OW INJURY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — building, etc. (Specify)	At home, farm,							and Number or Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of aximination a								d manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF TERTIFIER				D 3	7333	29d. DATE	SIGNED (Mo	orith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1 H, S	ZAND	AZL.	STOU	NO MI	0 711	33.		
	MAY 11 1990 Sulla Sundan	une aphable								

	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF I		MENTAL HYGIEN		11.22
7,	1. DECEDENT'S NAME (First, Middle, Last)				124	2. DATE OF DEATN		3. TIME OF DEATH
15			BETTY	K. HAM	LETT	MONTH 5 / 9 DA	/ 9:	1/32 M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. [BIRTHPLACE (State or Foreign Country)
	227-20-1144	1 M 2 K F	69 yrs.			6/08/2		N.C.
 ~	9a. FACILITY NAME (If not institution, give s	street and number)			OR LOCATION OF DE		9c. COUNTY	OF DEATN
DIRECTOR	Maryland Gene	ral Hospi	tal	Balti	more Ci	ty		
H	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY
	MD		B		E, CITY	<u> </u>		1 N YES 2 NO
PAL	100. STREET AND NUMBER 501 E. PRESTON	ı cT		10	r. ZIP CODE		- 17	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ED IN II S ADMED	12 WAS DE	21202	NIC ORIGIN? (Specify Yes	U S	RACE — American Indian,
	1 D Never Merried 2 Merried	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuben, Mexice	in, Puerto Ricen, etc.)		Black, White, etc.
BY	3 Widowed 4 Divorced					,		BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION s completed)	16e, DECEDENT'S (Give kind of life, Do NOT u	USUAL OCCUPATI work done during me	ON ost of working	16b. KIND OF BUS	INESS/INDUST	rry
J.E	7 th GRADE	College (1-4 or 5+)		TABLE	PACKER			
MO	17. FATHER'S NAME (First, Middle, Last)		VLUL	INULL		ME (First, Middle, Maiden	Surneme)	
BE C	CHARLIE PERR	RΥ			PEAR	RLE WILL	IAMS	
TO B	19e. INFORMANT'S NAME (Type/Print)	·				Route Number, City or Town		
F	INDIA LEE		252					MD.21218
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Rem	noval from Stata	20b. PLACE OF DISPO					or Town, State
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	KING		IAL PAR		NUALL	STOWN, MD.
	► 40 0						101 5	NODTH AVE
	23. PART I. Enter the disesses, Dr	complications that car	used the death. Do.					NORTH AVE
	shock, or heart failure.	List only one cause of	on each line.				TOLDTY WITCOM	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cardio PU	LMUNAR	Y ARK	SI		3,1337, -1,33 -1,38111
	readiting in death)	DUE TO (OR	AC A CONCEQUENCE C	· ·		Infarcti	o n	
S	Sequentially list conditions,	b	AS A CONSEQUENCE OF		TRAKETIO	**************************************		
ATI	If sny, lasding to immedista cause. Enter UNDERLYING				Renal F	ailure		İ
FIC.	CAUSE (Disessa or Injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE O		MCHGI I	diluic		
CERTIFICATION	resulting in death) LAST	d	HTN Hy	perten	sion			
	PART II. Other significant condition	ns contributing to dea	th but not reaulting	In the underlyin	ig causa given in	Part I, 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	ASTHM	_	-	•		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED				-			****	OF 0EATH?
Z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C/	heck only one)		
IXSI	1 VES 2 NO	1 K Inpatient 2 ER		4 - Nursing Ho		6 Other (Specify)		
	1 Netural 6 Pending	(Month, Day, Ye		JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW I	NJUHY OCCUR	ieu
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN.	JURY — At home, ferm,			281. LOCATION (Street		Rural Route Number,
TEG	4 Homicide determined	building, etc.	(Specify)			City or Town, State)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my I	knowledge, death occur	red at the time, dat	e end place, end du	e to the cause(s) end me	nner es stated.	
OMI	one) —	ER: On the beele of axami	nation and/or investigati	on, in my opinion,	death occured at the	time, data and place, ar	id due to the c	euse(e) end menner ee stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFU	RICIAL	em		29c. LICENSE NU		29d, DATE S	IGNED (Month, Day, Year)
TO B	W	- Khokhe	u i'i		232	700	> S	19/90
-	Anward Khok		F DEATN (ITEM 27) (Typ)	o, Print) ARA	rony P	700 lace Ba	It h	カンレンロ
	31. DATE NAME OF THE PROPERTY	32. REGISTRAS'S	SIGNATURE					

	É
3146,	sad michiga
Ë	-
80	A Charles
o.	the and
Ś.	ha day
220	shad b
RECORDS, P.O. BOX 13146,	the sample of
TAL	1
OF VITAL	1101010
	and the
DIVISION	the street of the second of th
5	
	1

DETER W VIM M
31. DATE FRED (Month, Day, Year)

MAY 1 1 1990

												90		2751
	FOR STATE REGISTRAR	STATE OF !	MARYLAND /		TMENT				MENTAL	HYGIENI REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	v		. TIME OF	DEATH
1	Floyd M. H	Marris							May	9, "	2990	P	:00	a. M
- 13	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (OF BIRTH , Day, Year)		8. BIRTHPL Country)	ACE (State	or Foreign
	579 40 4164	1 📉 M 2 🗌 F	61	YRS.	MONTHS	DAYS	HOURS	Mirro.		ch 23,	1929		h Car	colina
	9a. FACILITY NAME (If not institution, give st				9b. CITY	r, TOWN O	R LOCATIO	ON OF DE	ATH			ITY OF OEA		
O.	Southern MD B	Mospita	1 Cente	er	(Clir	iton				Pri	nce	Geor	ge's
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y. TOWN (OR LOCAT	ION					- 1	Od. INSIDE	CITY
DIRECTOR	Maryland Prince	George	S		Wasi							100	XYES	?
	10e. STREET AND NUMBER	000180					ZIP CODE				10g. CITI	ZEN OF WH		- 20.2
FUNERAL	1004 Colleen Cour	rt.					2074	44			Un:	Ited	State	es
Š	11. MARITAL STATUS	40 1100 050505	IT EVER IN U.S. AR	MEO						? (Specify Yea	or No-	14. RACE -	- Americar	n Indian,
	1 Never Married 2 X Married	FORCES? 1	YES 2 A	10			2 X NO			tican, etc.)	- 1	Specify:	White, etc.	
B	3 Widowed 4 Divorced											Blac	k	
	15, OECEDENT'S EDUC (Specify only highest grade		18a. DE:	CEDENT'S	USUAL O work done se retired.)	during mos	N st of workin	g	16b.	KIND OF BUS	INESS/INC	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+}						III (S. Gov	arnm	ant		
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Sup	ervi	sor		40 44000					CIIC		
	NIMROD HARRIS						ELS		SHOR	Aiddle, Maiden . G	Surname)			
BE	19a, INFORMANT'S NAME (Type/Print)		101	MAIL INC	ADDRES	© /Stmat a				per, City or Towi	State 7in	Codel		
2	HAZEL MAE HARRIS	(WI								Wash.,				
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						7		City or Town		
	1 X Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 5.	/14/90	FT. L	INCO						BRE	NTWO	OD,MA	RYLA	ND
	21. SIGNATURE OF BONEBAL SERVICE UC	Pupe)	3	м859	A	LEXA		S.	POPE	FUNER Avenu			20020	0
	23. PART I. Enter the diseases, or of shock, or heart feiture.				not enter	r tha mo	de of dyi	ng, such	h as cerd	liec or respi	ratory an	rest,		oximata vai Between
- 1	IMMEDIATE CAUSE (Final												Onse	et and Death
	disease or condition resulting in death)	Acut	e strok	ce,	bra:	in s	tem	are	ea.&	ische	mic	str	oke.	days.
		DUE TO	OR AS A CONSEC	DUENCE'C	PF):									
NO	Sequentially list conditions,	Hist	OF AS A CONSEC	ric	ht l	hemi	par	esi	S.				-5-	years
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												ļ	
E	CAUSE (Disease or injury that initieted events	HARE	Hymertansive cardiovascular disease.					•		ye	ears.			
F	resulting in deeth) LAST	Diab	etes me	elli	tus								Υe	ears.
0	PART ii. Other significant condition	s contributing to	death but not r	esuiting	in the u	nderlyin	T COURS (niven in	Part I	24a, WAS AN	ALITOPSV	24b V	VERE AUTO	PSY FINDINGS
N S							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MEO7		WAILABLE F	
	azotemia, a								_	1 TYES 2	M.NO		OF DEATH?	
PHYSICIAN: MEDICAL	episode of d	lehydra	tion fr	om	No.	1. 			-			'	YES	2 NO
AN	25, WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF 0	EATH (Ch	ack only on	10)				
Sic	EXAMINER? 1 ☐ YES 2 M NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		e 5 □ Re	aldenca	8 🗆 Othe	r (Specify)				
Ή	27. MANNER OF DEATH	28e. DATE O		28b. TII	ME OF	28c. INJ	URY AT			CRIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(WOMIN,	Day, Year)	- III	JURY		PRK? YES 2] NO						
	3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At ho	me, farm,	street, fac	ctory, offic				ATION (Street or Town, State)	and Number	or Rural Ro	ute Number	ζ
TED	4 Homicide detarmined								57	,				
PE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, de	with occur	red at the	time, date	and place	, and due	to the cau	use(a) and mer	ner as sta	ted.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of	examination end/or	Investigati	ion, In my	opinion, d	eath occu	red at the	time, data	and place, an	d due to ti	ne ceuse(s)	and manne	er as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	-	_				29c. LICI	ENSE NUN	MBER		29d. DAT	E SIGNED (Worth, Day.	, Yhar)
00	Petro	Ma)	m	0			Dl	288	4		► M	AY 9	199	90
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CA	ISE OF DEATH (ITE	M 27) (Typ	e, Print)									

7900 OLD BRANCH AVE SHTTE 101, CLINTON MARYLAND

DHMH-16 Rev 1/89

1. 11 1 1 1

6, BALTIMORE, MARYLAND	within urs after death. Page 6 may be retained by the hos	spletely lined in by the funeral director, page 5 should be detache cremation, or removal.	vent, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIENI	E	
1. DECEDENT'S MASSE /Elmi Mirinia		2020	4 7	2. DATE OF DEATH MONTH DA		1 1 1 1 1 1 1 1 1
PEARL 4. SOCIAL SECURITY NUMBER 191–16–9751	1 🗆 M 2 💢 F	67 YRS. MONTH		Month, Day, Year) Dec. 30, 1	Line Con	RTNPLACE (State or Foreign unity)
99. FACILITY NAME (If not institution, Harbor Hospita	1_Center	Ва	try, rown or Location of 1timore City		Balti	more City
	Anne Arundel	10c. CITY, TOW Seve	n or location			10d. INSIDE CITY LIMITS? 1 YES 2 N NO
10e. STREET AND NUMBER 8351 Dubbs Dri 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	IN U.S. ABMED 2 VINO DATES	10f. ZIP CODE 21144 13. WAS DECENDENT OF NISI If yes, specify Guben, Mex 1 YES 2 NO Spe	PANIC ORIGIN? (Specify Yea ilcen, Puerto Rican, atc.)	ACE — American Indian, lack, White, ytc.	
15. OECEDENT' (Specify only highes Elementary/Secondary (0-12)		16e. DECEDENT'S USUA (Give kind al work de life. Do NOT use retire	one during most of working	16b. KIND OF BUS		White
1 1 17. FATHER'S NAME (First, Middle, La	none	Homemak		NAME (First, Middle, Meiden	n Home	
Clark Hoffma		10h MAII INO ACOS	Sarah	M. Wyant	State 7to Paris	
Marion C. He] 20g, METHOD OF DISPOSITION 1 © Burlet 2 □ Cremation 3 □	sel	8351 D	ubbs Drive S	evern, MD.		
4 Donation 5 Other (Specify 21. SIONATURE PRINCIPAL SET) 22. PART I. Enter the disease	CE LICENSEE		22. NAME AND ADDRESS OF 1 Second Ave	Single S.W. Glen	Burnie	eral Home
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	6 b		ary Emb	olus-LL		Interval Batwe Onset and Des
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other algoliticant con	ditions contributing to deeth	but not resulting in the	underlying cause given	in Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINOING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL HOSPITAL:	OTI	26. PLACE OF DEATH	(Check only one)		
1 VES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investig	26e. DATE DF INJURY (Month, Day, Year)	tpetient 3 DOA 4 D	Nursing Nome 6 Recident 28c, INJURY AT WORK? 1 YES 2 NO	26d. OESCRIBE NOW II	NJURY OCCURE	
3 Suicide 6 Could a 4 Homicide determine	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, ferm, street, eclfy)	factory, office	261. LOCATION (Street a City or Town, State)	and Number or Ru	rel Floute Number,
and /	PNYSICIAN: To the best of my kno					se(e) and manner se stated.
29b. SIGNATURE AND TITLE OF CO.	Kullow	FATH (ITEM 27) (Since Print)	29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)
31. DATE FILEO (Month, Day, Year)	52 gegistrar's to	11111	LAND	1119		
MAY 1 1 1990	July Davidson-1					OHMH-16 Rev

ec'z, =-- X"

*

Page 6 may be retained by the hospital or attending physician.	ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should		ner must be notified at once.
NG PHYSICIAN: The law requires that the death certificate be executed within - cours after death. Page 6 may be retained by the hospital or attending physician.	fter this certificate has been signed by the attending physician and completely filled in by	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

28 is

90 12753 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 1990 06 MARION HIGGS 05 6:12P M A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 XF 78 VDS 11/08/ 1911 Maryland 220-24-8308 Se. FACILITY NAME (If not institution, give street and number 96 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH BALTIMORE GREATER BALTIMORE MEDICAL TOWSON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MARYLAND BALTIMORE TIMONIUM 10s. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21093 U.S.A. BUTTERICK COURT 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 2 KINO 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Lester Ford May Virginia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. James P. Higgs 7 Butterick Court Timonium, MD 21093 20a. METHOD OF DISPOSITION

[X] X Burlel 2 □ Cremetion 3 □ Re 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Donation 5 Other (Specify) Woodlawn Cemetery Woodlawn, MD 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. 21 SIGNATURE OF FUNERAL SERVICE LICENSEE Henry 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one cau on each line Injerval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition a. Hypertennive arlanogelerote cardiavareulos des con des a consequence of: resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 (\$\frac{1}{2} DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated.

29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) allager, Mo

DO1786

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

aurina

Laurence R. Gallager, M.D. 3455 Wilkens Avenue Baltimore, Md. 21229

42. RECHETRAR'S SIGNATURE 31. DATE SILED MONTH OF 1990

▶ 5-7-90

COMPLETION OF CAUSE

PERFORMED?

1 YES 2 NO

4

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MAHYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have also within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N	MARYLAND / I CE		ICATE					YGIENI EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH			TIME OF OEATN
	BERTHA	C_{\bullet}	HO	LLE	y (HOL	LY)		MONTH 5	9	90	EAR	м
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B		8.	BIRTHPL Country)	ACE (State or Foreign
	218-12-0266	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MAINE.	(Megh./03	070]			/Α.
	Sa. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATN		9c. COUNT	Y OF DEAT	гн
6	1908 WEST LEXINO	GTON STRE	ET		BAI	TIMO	ORE C	TTY					
E C	10a. STATE 10b. COUNTY	r			Y, TOWN							10	d. INSIDE CITY
5	MD		1	B	ALTI	MOR	E, (: 1 I Y				1	LIMITS?
FUNERAL DIRECTOR	1908 W. LEX	INGTON	ST.			101.	ZIP CODE	122	2.3		10g. CITIZE	USA	AT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 2 XNO MAR OR DATES			If yes, spe		n, Mexica	NIC ORIGIN? (S n, Puerlo Ricar y:		or No —	Black, V Specify:	American Indien, White, etc.
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 6 th GRADE		(Give	e kind of Do NOT u	USUAL O work done ise retired.)	CCUPATIO during mo	ON st of workin	g	18b. KIN	OF BUS	INESS/INDUS	STRY	
MO	17. FATHER'S NAME (First, Middle, Last)		INON	JL			16. MOTI	HER'S NA	ME (First, Middl	le, Maiden :	Surname)		
	JUSHWA CROS	S					JO	SEP	HINE	ВА	RRETI	Γ	
TO BE	190. INFORMANT'S NAME (Type/Print) EVELYN B. JO	HNSON		MAILING L O 4	ADDRES	s (Street a	TLE\	or Rural I	Noute Number, C	BAL	TO, N	4D.	21217
	20a. METNOD OF DISPOSITION 1Å] Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	A Rother place o				netery, cren		K =	20c. LOC A R	BUTUS	y or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME AN	D AOORE	SS OF FA	CILITY				21202
	> Glades	4700	-0-		W	1. C.	MARC	CHF	.н. 110	01 E.	NORI	H AV	
	23. PART I. Enter the disease's, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To jor As A Consequence of:									Interval Between			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of):												
ERTIF	that initiated events resulting in death) LAST	d	(ON AS A CONSEC	DENCE (<i>A-</i>).								
CALC	PART II. Other significant condition	ns contributing to	death but not re	sulting	In the u	nderlyln	g cause	given in	Part I. 24	. WAS AN PERFOR			PERE AUTOPSY FINDINGS
PHYSICIAN: MEDIC									_ 10	□ YES 2		0	OMPLETION OF CAUSE F DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL					26, PI	ACE OF C	EATN (Ch	neck only one)				
SIC	EXAMINER? 1 TYES 2 NO	HOSPITAL;	ER/Outpetient 3	□ DOA	OTHE		10 5 R	esidence	8 Other (S)	oecify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF (Month, E		28b. Til	_	28c. INJ WC	URY AT ORK?		28d. DESCRI		NJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									ute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIE	d D					39c. LIC	ENSE NU	MBER GG		29d, DATE	SIGNEO (A	Agnth, Day, Year)
2	30. NAME AND ADDRESS OF REASON WITE	B coheratelves	PEISE DEATH (ITEM	1 27) (Typ	e, Print)								
	31. DATE FILED A COMPANY OF THE STREET	0 39062	BILLY	إياريا	L			1.					
		0											DHMH-18 Bey 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages he find within 72 hours after death with the State Dent of Health and Mental Hoolene prior to burlat, cremation, or removal.	s any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has flad within 20 hours after death with the State Dest of Health and Mental Hydlene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYG REG.			
	1. OECEDENT'S NAME (First, Middle, Lest)	iciationse	<u></u>			2. DATE OF DEAT	DAY Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		le-year last birthday) F U	THE DAYS	F UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTI	1 6	BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution, give str	reet and number)		CITY, TOWN O	R LOÇATION OF OE		9c. COUNTY	Y OF DEATH	
ECION	RESIDENCE OF DECEDENT	Intiqual to		DA I-	TIMOR	e			
DINE	M D 106. COUNTY			WN OR LOCAT				10d. INSIDE CITY V LIMITS? 1 YES 2 NO	
EHAL	1916 WADSWORT	H WAY		10f.	21239		10g. CITIZE	N OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	If yes, spe	endent OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto Ricen, etc	Ty Yes or No— 14	R. RACE — American Indian, Black, White, atc. Specify: BLACK	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION done during movined.)	N it of working		F BUSINESS/INDUS		
COMPLE	Elementery/Secondery (0-12) 12th GRADE	Contage (14 of 54)	PRE-SCHO	OLL TI		MA I		DAY CARE	
DE CC	ALEX	BETHEA			JESS	IE JO	NES		
2	190. INFORMANT'S NAME (Type/Print) GEORGE HOLSEY		19b. MAILING ADD	WADS	NORTH W	AY, B	ALTO.	MD. 21239	
	20a. METHOO OF DISPOSITION 1 Buriet 2 Cremation 3 Remo	vel from State	PLACE OF DISPOSITION OF ARBUTUS	MEMOI	etery, cremetory or RIAL PA		ARBUTU		
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA		1101 [NORTH AVE.	
	23. PART I. Enter the diseases, or co							it, Approximate	
	IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	- 1 -	1440				Interval Between Onset and Death	
	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE OF):	redema					
A I C	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	C(10					
EKIIFICALION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
AL CE	PART II. Other significent conditions	s contributing to death b	out not resulting in th	na undarlyln	cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC						1 B Y	ES 2 NO	OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			26 81	ACE OF DEATH (Ch	ank ank anal			
PHYSICIAN:	EXAMINER?	HOSPITAL:		HER:	e 5 🗆 Residence		γ)		
	27. MANNER OF DEATH 1 12 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE I	HOW INJURY OCCU	PRED	
-D BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, atree			28t. LOCATION (S City or Town,		r Rural Route Number,	
COMPLETED	200 CERTIFIED	CIAN: To the best of my know	riedge, death occurred at	the time, date	end place, end due	to the cause(e) en	id manner ee stated	1.	
NO.	one)	R: On the basie of examination	n end/or investigation, in	n my opinion, d	eath occured at the	time, date end pla	ce, end due to the	cause(e) and manner as stated.	
崩	296. SIGNATURE AND TITLE OF CERTIFIEF	LS, MD	12		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Prin	_		+1200	Seta 1		
	31. DATE FILM ASPIN, Pay: 16ar 1990	32. REGISTRAR'S SIGN	ATURE ndelle	००व व	amont	2000	TVAL	-	
	WAT 1 1 1990	July Davidson	_fordelle-						

0.12

R STENDING SHYCKTAN. The Law requires that the death certificate he reneunted within 25-walls after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	uns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this c	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE CERTIFICATE OF DEATH REG. NO.
	1. OECEDENT'S NAME (First, Middle, Last) TULIE TACK-HONG 2. DATE OF DEATH MONTH. DAY SEAR SO SISTEM
	4. SOCIAL SECURITY NUMBER 212-70-0869 1 1 M 2 F
OR	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION 106. CITY LIMITS?
	MD HOWARD COUMBIA 1 VES 2 NO 106. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?
FUNERAL	9669 HASTINGS DR 21045 USA
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 WIO Specify: 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 WIO Specify:
E	15. DECEDENT'S EOUCATION (Specify only highest grade completed) (Give kind of work done during most of working life, Do NOT use retired,) (Box kind of work done during most of working life, Do NOT use retired,)
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) PHARMACIST PHARMACY
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maldon Surname) 18. MOTHER'S NAME (First, Middle, Maldon Surname)
TO BE	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 210 45 210
	20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 2 Cremetory or 20c. LOCATION — City or Town, State 2 Cremetory or 20c. LOCATION — City or Town, State
	4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Edward & Weller EDWARD J. WEBE
	23. PART I. Enter the diseases or complications that caused tha deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart falling. List only one cause on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Onset and Death Onset and Death Onset and Death Onset and Death
NO	Sequentially list conditions, Due to (or as a consequence of):
CATI	if any, leading to immediate cause. Enter UNDERLYING
CERTIFICATION	that initiated eventa reaulting in death) LAST
CALC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPORTS ANALABLE PRIOR TO
	Periton. 13 Periton. 13 1 YES 2 MB
PHYSICIAN: MEDI	TO THE PART OF THE
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 21 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year) (Month. Day, Year)
ВУ	1º Natural 5 Pending 2 Accident Investigation 2 Bs. PLACE OF INJURY All home farm street factory office. 286 PLACE OF INJURY All home farm street factory office. 286 PLACE OF INJURY All home farm street factory office.
TED	3 Suicide 8 Could not be determined Could not be determined Coulding, stc. (Specify) 20s. PLACE OF INJURY — All nome, farm, street, factory, office City or Town, State) 20s. CLACTION (Street and Number or Hurse House Number, City or Town, State)
COMPLETED	29s. CERTIFIER (Check only one) 29s. Terrifying PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
	2 MEDICAL EXAMINER: On the basis of szemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b_/8IGNATURE AND TITLE-OF CERTIFIER 29c_ LICENSE NUMBER 29d_ DATE SIGNED (Month, Day, Year)
TO BE	Charles Evenut nus Medical Resident > 5/9/90
	22 S. Greene St. Baltimore, MD 21261
	31. DATE FURPHY POT 1 YOU 990 June Deviden Handale

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERITE	CALE	JF DEA	AI III	REG. I	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)		11215					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF	F DEATH
	REVA 4. SOCIAL SECURITY NUMBER	V a	HOLT 6. AGE (In yrs. les	4 5 1 45 d 1	IF UNDER 1 Y		ER 24 HRS.	05 0	8 1	990	M.
		1 M 2 V F		YRS.		AYS HOURS	1	(Month, Day, Year,		8. BIRTHPLACE (State Country)	
	224-14-6676 9a. FACILITY NAME (If not institution, give s		69	11.0	Sh CITY TO	WN OR LOCA	TION OF DE	02-03-		Virgini	а
œ	Francis Scott Ke	,	P Conton		·	imore			30.000	or beath	
DIRECTOR	RESIDENCE OF DECEDENT	g meurca	c cemer		Бис	MIONE	ung		1		
REC	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR I	OCATION	0	1 0.1.		10d. INSID	E CITY S?
	Maryland	Baltimo	re				Dund	alr		1 TYES	
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CC			10g. CITI	ZEN OF WHAT COUN	TRY?
	7352 Edsworth Ro						2122			S.A.	
5	11. MARITAL STATUS 1 Never Married 2 K Married	FORCES?	T EVER IN U.S. AR	MED	H ye	s, specify Cu	ban, Mexica	IIC ORIGIN? (Specify n, Puarto Rican, atc.)		14. RACE — America Black, White, etc	an Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE \	WAR OR DATES		1 🗆	YES 2 X	O Specify	y:		Specify: Wh	ite
	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL OCCL	PATION	77	16b. KINO OF	BUSINESS/IND	USTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	ive kind of w Do NOT us	rork done duri e retired.)	ng most of wo	rking				
AP.	12th Grade		Но	memak	rer			Ows	1 Home		
ğ	17. FATNER'S NAME (First, Middle, Last)					16. M	THER'S NA	ME (First, Middle, Mai	ien Surname)		
BE (oruce						nia B			
2	19a. INFORMANT'S NAME (Type/Print)		19					Route Number, City or		Code)	
-	Delacy E. Holt							Baltimore		21222	
	20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from Stala	other pi	ace)		of cemetery, c	-			City or Town, Stata	
	4 Donation 6 Other (Specify)	ENCRE 1	Joak L	awn (emete	ME AND ADO	5/11/	90 1	Baltimo	ore, MD	
- 1	21. SIGNATORE OF JONETAU SERVICE ER		-		Du	da-Ru	ck Fu	neral Hon	ne 06 1	Dundalk.	Inc.
	Charle N	/ Fra	hu /		79	22 Wi	se Au	enue. Bal	timore	2. MD 21	222
	23. PART I. Enter the disesses, or a shock, or haert failure.	complications the	at caused the de	ath. Do n	ot antar th	e mode of	tying, suc	h ea cerdlec or re	spiratory sm	est, App	roximate rvai Between
	IMMEDIATE CAUSE (Final	A CONTRACTOR				0	t _		1-1	One	et and Death
	disesse or condition resulting in death)	a	ISCH	mu	C 1	cano	uo	myof	ath	4	
		DUE TO	(OR AS A CONSE	OUENCE OF	F):	0	1000	myof y du	0.5	,	
CERTIFICATION	Sequantielly list conditions,	bDUE TO	(OR AS A CONSE	OUENCE OF	Pi:	an	TCA I	y au	leux		
¥.	If any, leading to immediate ceuse. Enter UNDERLYING									ļ	
프	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):						
F	resulting in deeth) LAST	d									
	PART II. Other significent condition	ne contributing to	death but not	reculting	in the unde	rlulna ceue	e alven in	Part 1 24a WMS	AN AUTOPSY	24b. WERE AUT	DOOY ENDINGS
EDICAL		true	Lunc	7		as-e		PER	FORMED?	AVAILABLE	PRIOR TO ON OF CAUSE
ă	12051716	1100	TOTE	1-	2130	U(5-E		1 _ YE	2 XNO	OF DEATH	7
Σ								—		1 🗆 YES	2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PLACE OF	OFATN (C)	neck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	I DOA	OTHER:	1		6 Other (Specify)			
¥	27. MANNER OF DEATN	28a. DATE O	FINJURY	28b. TIM	E OF 2	c. INJURY A	Lesidence	28d. DESCRIBE NO	W INJURY OC	CURED	
Y P	1 Natural 6 Pending Investigation	(Month,	Day, Year)	INJ	M	WORK?	NO				
) BY	2/ Abcident investigation 3 Suicide 6 Could not be	26a. PLACE	OF INJURY — Al hi	ome, farm,	street, factory	, office				or Rural Route Numb	er,
TEL	4 Homicide determined	building	, etc. (apecity)					City or Town, S	(ate)		
3,5	29a. CERTIFIER (Check only	ICIAN: To the bast of	f my knowledge, d	eath occurr	ed at the time	, data and pl	ice, and due	to the cause(s) and	menner aa sta	ted.	
COMPLETED	need only							time, data and place			ner sa stated.
C	296. SIGNATURE AND TITLE OF CERTIFIE	9n	10			29c. l	ICENSE NU	MBER	29d. DAT	E SIGNED (Month, De	ly, Year)
8	1	1	18	,)		1	35	279	▶ .	5-8-	20
	(same all	nen	m De	-							7()
5	30. HAME SHO ADDRESS OF PERSON WE	O COMPLETED CAI	JSE OF DEATH (ITE	M 27) (Type	, Print)	1 %) ,	70
5	10. HAME AND ADDRESS OF PERSON WH		and the same of the		2003) 0	70
10	31. DATE FILED (Month, Day, Year) MAY 1 1 1990	32 REGISTR	AR'S SIGNATURA		2003						70

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

Tonya Gosha

M.D 1990

									30	121	56
	FOR STATE REGISTRAR	STATE OF MA			ITMENT OF H		MENTAL HYGIE REG. N	-			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3.	TIME OF OEATH	
	Mabel v.	HUDSON					5-9-90	DAY	PRAR	9:55	рм
1	V.		AGE (In yrs. last	hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	1.	BIRTHPLA	CE (State or Forei	
		1 🗌 M 2 🔀 F	-	7 _{YRS}	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Country)		
	213-09-7022			. 1113.			12-28-02			to.	
_	9e. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, TOWN (OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH	н	
0	Franklin Square H	losp.						Balt	timor	e	- 1
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			44 017	Y. TOWN OR LOCAT						
2	TOB. STATE TOB. COUNTY		i	10c. CH	,					I. INSIDE CITY LIMITS?	
	Md.				Balto				12	YES 2 N	0
¥	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZE	EN OF WHAT	COUNTRY?	
E	5425 Omaha Ave.						21206		US	SA	- 1
FUNERAL		12. WAS DECEDENT E	VER IN U.S. ARM	MED			NIC ORIGIN? (Specify Y	ee or No- 1	4. RACE —	American Indian	1,
	1 Never Married 2 Married	FORCES? 1		0		ecify Cuban, Mexica 2 X NO Specif	in, Puerto Rican, etc.)		Black, W	White	
B	3 Widowed 4 Divorced	ii i co, dive toti	ON ONIES		1 1 1 1 1 1 1 1	Z (Z) NO GPOCH	<i>y</i> .		apoury.	MILLE	
0	15. OECEDENT'S EDUCAT	TION			USUAL OCCUPATION		16b. KIND OF B	USINESS/INDU	STRY		
E	(Specify only highest grade co		(Giv	re kind of a Do NOT us	work done during mo se retired.)	st of working	**************************************				
2	7	College (1-4 or 5+)	H	lomen	naker						
COMPLETED	17, FATHER'S NAME (First, Middle, Last)			One	nancz	10 MOTHER:C NA	AME (First, Middle, Maide	a Summan			
	The second secon					500000000000000000000000000000000000000	35 N -1100 - 12-	121-121			
H	Robert Deppish 190. INFORMANT'S NAME (Type/Print)		100		S		11a Eyerly Route Number, City or R				
2			196.						iode)		
	Elaine Giles						lto., Md.				
	20s. METHOD OF DISPOSITION 1 12 Buriel 2 Cremation 3 Remove	al from State	other place	ce)	SITION (Name of ce			OCATION — CI			
	4 Donation 5 Other (Specify)	-11000	Gar	dens	s of Fai	th Cem.		Balto	o., M	d.	
~	21. SIGNATIONE OF FUNERAL SERVICE LICEN	NSEE	7			ND ADDRESS OF FA					
	NO N	100	d m			C. Mill		MJ	2120	6	
	23. PART I. Enter the diseases or con	mattedate at &	77	AL Da			Rd. Balto				
	ahock, or heart lailura. Lie				not enter the me	de of dying, suc	an aa cardiac or rea	piratory arre	3 1,	Approximat interval Bet	
	IMMEDIATE CAUSE (Final									Onset and I	Death
	disease or condition reaulting in death)	Severe	Vascul	ar b	leart Di	sease					
	Walter Control	DUE TO (O	R AS A CONSEQ	UENCE O	PF):						
z											
임	Sequentially list conditions,	DUE TO (O	R AS A CONSEQ	UENCE O	F):					Î	
[₹ [cause. Enter UNDERLYING										
匠	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQ	UENCE O	PF):						
CERTIFICATION	reaulting in death) LAST										
2											
AL	PART II. Other aignificant conditions	contributing to de	eath but not re	esulting	in the underlyin	g cause given in		IN AUTOPSY ORMED?		RE AUTOPSY FINI VILABLE PRIOR TO	
MEDICAL							1 🗆 YES	2 NO		MPLETION DF CA	USE
										YES 2 NO	0
A	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (C)	heck only one)				
SICIAN:	EXAMINER?	HOSPITAL:		□ no.	OTHER:						
Ιλŝ	27. MANNER OF DEATH	1 N Inpatient 2 D E		28b, TIA		JURY AT	8 Other (Specify) 28d. DESCRIBE HOY	/ IN HIRTY OCCI	IDED		_
РНҮ	1 Nsturel 5 Pending	(Month, Day,		IN.	JURY W	DRK?	28d. DESCRIBE HOT	I INJUNT OCCI	JHEU		
ВУ	2 Accident Investigation					YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	me, farm,	street, factory, offic	:•	281. LOCATION (Stree City or Town, Sta		or Rural Rout	Number,	
0											
TED											
ET	29a. CERTIFIER 1 CERTIFYING PHYSICS	AN: To the best of m	y knowledge, der	eth occur	red at the time, date	and place, and du	e to the cause(s) and n	anner es state	d.		
ET										nd manner as sta	ited,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.					death occured at the	time, date and place,	and due to the	cause(a) ar		ited,
ET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER:						time, date and place,	and due to the	cause(a) ar	od manner as ste	ited.

9000 Franklin Square Drive Baltimore

.

ler death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

the funeral director, page 5 should be detached for use as the burial-transit

न

notffled

9

must

examiner

medical

the

traumatic event,

other t

6

23 shows any injury,

tem

marked, or

death 28 |s

2 8

IMPORTANT: If Item

BY

COMPLETED

BE

2

permit. Pages 1, 2, 3 should

	and and	B	E S
	S S	.⊆	7
	Ĭ	lled	n, 0
	7	Y	atio
ó	WITH	plete	Crem
4	pen	TOO	re'
2	XBCU	and	por
-	9	an	5
5	ate b	ysici	phio
D	iffe	P	Bue
o	Lea	ding	Hyg.
7.	eath	atte	Ital
ń	p au	the	Me
5	at t	Š	and
5	s th	ned	5
5	nire	Sig	Hea
븬	red	een	6
	ME	as b	Sept.
₹	The	le h	the [
Ξ	N.	fica	Sta
	SICIA	certi	ş
5	PHY	this	with
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SING	After	death
2	EN	OR:	fter
Ë	A	EG	S
5	9R	DIR	hour
	A	M	2
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
	THE	THE	filed

90 12759 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO . OECEDENT'S NAME (First, Middle, Last) MONTH ANND. JACKSON 6:35 AM 90 7. DATE OF BIRTH (Maynth, Day, Yoar) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 40 1 🗌 M 2 💟 F 50 217-38-3602 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MEDICAL BACTIMORE BALTIMORE DIRECTOR CENTER mo RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto. Md. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21221217 10g. CITIZEN OF WHAT COUNTRY? 1720 Lanvale Street USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? ORCES? 1 YES 2
YES, GIVE WAR OR DATES 2 X NO If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Nerried Brack BY 3 Widowed 4 Divorced COMPLETED 16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5 +) Bar Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charity Wilson James Carroll BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 704 N. Carrollton Ave., Balto., Md. 21217 Rhonda Jackson 20e. METHOD OF DISPOSITION
1 X Burial 2 Cremetion 3 Removal from State
4 Donation 5 Departs (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State Arbutus, Md. Ärbutus mem. Pk. 22. NAME AND ADDRESS OF FACILITY
March F/H West 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4300 Wabash Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition___ SUBARACHNOID HEMORRHAGE reaulting in death) QUE TO (OR AS A CONSEQUENCE OF): VENTRICULAR FIBRICATION CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 4-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 YES 2 1 10 tient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28c, INJURY AT

1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	1 YES 2 N	0
3 Buicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)
one)				ed due to the cause(e) and menner as stated. at the time, date end piece, end due to the cause(e) end manner se stated.

28b. TIME OF

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Hospital Physica

TERANCE	LAMB	LIBERTY	MEDICAL	CENTER	BALTIMORE	MD
DATE FILED (Month, Day, Year)	32, REGI	STRAR'S SIGNATURE				

MAY 1 1 1990 Jule Tavidon Borde

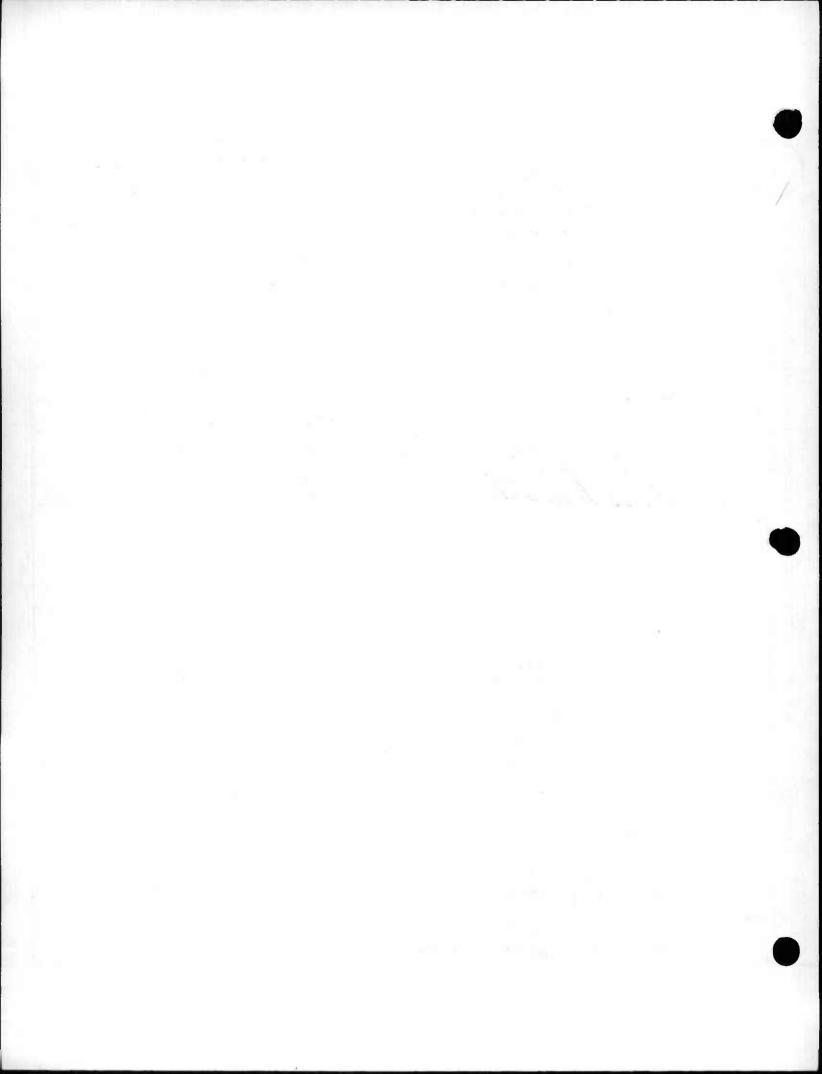
5/8/20

28d, DESCRIBE HOW INJURY OCCURED

2	S S
cate	physic pri
certif	Sing
eath	aftend
the d	the Me
that	d by
ires	Signe
nbeu	nee nee
MP!	las b
E	ate
CIAN	ertific
HYSI	his c
ING F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial to start until the Certs Date of Health and Mental Hydiene minor
TEND	DR: /
H AT	RECT
0 7	0 3
PITA	ERA
웃	E !
품	出
2	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

				ERTIFIC			_	REG. NO.		1010
	DECEDENT'S NAME (First, Middle, Lest) VERA		LADEN					DATE OF DEATH		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 i	RS. 7.	DATE OF BIRTH		6. BIRTHPLACE (State or Foreig
	579-03-8950	1 □ M 2 Ѿ F	8.5		MONTHS DAY		III.	(Month, Day, Year)		S.C.
	9a. FACILITY NAME (If not institution, give	- 41	6.5		9b. CITY, TOV	VN OR LOCATION			9c. COUN	ITY OF DEATH
e B	Heritage Nurs	ing Hom	е		Tako	ma Par	k		Мо	ontgomery
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CITY,	TY, TOWN OR LOCATION					10d. INSIDE CITY
DIRECTOR	Maryland Mo	ntgomery		Takoma Park						LIMITS?
FUNERAL	10e. STREET AND NUMBER 6404 16th Ave	nue				10f. ZIP CODE 2091	2		-	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	11 yes	DECENDENT OF H	Aexican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc. Specify: White
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+)	DECEDENT'S U (Give kind of wo life. Do NOT use Homemal	ork done during retired.)	PATION g most of working		16b. KIND OF BUSINESS/INDUSTRY		
COMPL	17. FATHER'S NAME (First, Middle, Last)			nioille illiai	KEI	16. MOTHER	'S NAME	First, Middle, Maiden	Surnama)	
BE C	John T. Mosele	V	<u></u>				arv	Kitchens		
0 B	19s. INFORMANT'S NAME (Type/Print)					eet and Number or	Rural Rout	Number, City or Tow		
۲	John Hilliard					gar Way				gia 30087
	28a. METHOD OF DISPOSITION 1-7 Burlal 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)	moval from State	20b. PLAC other			d comotory, cromato Tashingt				City or Town, State
	21. SIGNATURE OF PUNERAL SERVICE	ensey/	/		22-NAM	E AND ADDRESS	OF EACILI	Funeral	Home	
	· Millio N	Kinglet								ing, Md. 2090
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		PSIS POR AS A CONS COR AS A CONS PLA COR AS A CONS							Onset and D D Q D d B May
	resulting in death) LAST	d. Sev	sill	den	rent	Sia				2 40
	PART ii. Other significant condition	d. Sev	deeth but no	ot resulting in	16 Under	lying cause give	en in Pa	1 1. 24a. WAS AN		2 4b. WERE AUTOPSY FIND
: MEDICAL			C T		1	dise	254	PERFOI	RMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
AN: MEDICAL	PART II. Other significant condition Types (u.S.) Order of Condition Deglinera to 25. WAS CASE NO SIRRED TO MEDICAL	leroti	C T	ran	t Tit	dise	986	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL	PART II. Other significant conditions It is personal conditions Carthries C Degenerat	ve cant leroti	diova Colora	real	Tit	dise	S S S S S S S S S S S S S S S S S S S	PERFOI 1 YES 1	RMED?	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Y PHYSICIAN: MEDICAL	PART II. Other significant conditions the significant conditions of the significant conditions o	HOSPITAL: 1 Inpatient 2 286. DATE OF	Color Color	real	OTHER: 4 Nursing 5 DF 28c	dise	TH (Check lence 6 [PERFOI 1 YES 1	RMED?	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 000
TED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions to the significant conditions of the significant condition	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, E) 28e. PLACE OF	Color Color	acula arte 3 DOA 20b. TIME	OTHER: 4 Nursing 5 OF 28c	B. PLACE OF DEAL HOME 5 Reald INJURY AT WORK?	TH (Check lence 6 [only one) Other (Specify) Id. DESCRIBE HOW	INJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 000
MPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: 1 Inpatient 2 [28e. DATE (Month, E) 28e. PLACE (building, C) (SICIAN: To the best of	ER/Outpetient ER/Outpetient FINJURY OF, Very OF, Very of my knowledge,	Bluld 2 DOA 28b. TiMe inut.	OTHER: 4 Nursing 5 OF 280 PRY M 1 Irrest, factory, d et the time,	Home 5 Resident Mork? WORK? Office	TH (Check lence 6 [24]	only one) Other (Specify) Id. DESCRIBE HOW M. LOCATION (Street City or Town, State)	injury occ	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 PO CURED
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the condition of	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D. 28s. PLACE Couliding, Couliding, Country of the best of the be	ER/Outpetient ER/Outpetient FINJURY OF, Very OF, Very of my knowledge,	Bluld 2 DOA 28b. TiMe inut.	OTHER: 4 Nursing 5 OF 280 PRY M 1 Irrest, factory, d et the time,	Home 5 Resident Mork? WORK? Office	TH (Check lence 6 20 NO 21 not due to at the time	only one) Other (Specify) Id. DESCRIBE HOW Other Chy or Town, State, the cause(s) and me e, data and place, an	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH! 1 YES 2 PO CURED or Rural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the product of the produc	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D. 28s. PLACE Couliding, Couliding, Country of the best of the be	ER/O V Q ER/Outpetient F INJURY Dey, Year) OF INJURY — At , etc. (Specify) A my knowledge, examination and/	200 DOA 200 TIME INJU	27 CF 20 CF	B. PLACE OF DEATHORS 18. PLACE OF DEATHORS 18. INJURY AT WORK? YES 2 1 1 office date and place, as on, death occured	TH (Check lence 6 [21	only one) Other (Specify) Id. DESCRIBE HOW Other Chy or Town, State, the cause(s) and me e, data and place, an	INJURY OCC	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 DOO CURED or Rural Route Number, ted. te cause(s) and menner as state.

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIEN REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH DST
JORDAN, MARIANA		·		04 27	199	
101 10 2001	SEX 8. AGE (In yrs. les	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BUILTH	938 9	COAKA
Se. FACILITY NAME (If not institution, give stree	t and number)	96. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY C	OF DEATH
NORTH ARUNDEL H	OSPITAL	GLEN	BURNIE		ANNE	ARUNDEL
10a. STATE 10b/dounty	Arudel	10c. PTY, TOWN OR LOO	adu			10d. INSIDE CITY LIMITS? 1 Tes 2 No
3326 Joek XU	LG Sev	er H	01. ZIP CODE 2//4	4	10g. CITIZEN	S, A STATE OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	fO If yes	DENT OF HISPAI perity Cuben, Mexica 2 NO Specif	MC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:		IACE — American Indian, Black, White, etc. Specify:
15, OECEDENT'S EDUCAT	ION 16a DE	CEDENT'S USUAL OCCUPAT	<u>Can</u>	16b. KIND OF BUS	INESS/INDI ISTE	
(Specify only highest grade cor		ive kind of work done duffing no NOT use retired.	ost of working	sole;	SINESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)	1 1		и. мутнеять на	ME (First, Micros, Marchy)	Surregime)	
Verity	ulay	A	Win	ua (1,00	wood
Lograd Do	and 8	326 III	Duc	Lower or and	AL H	21144
20s. Method OF DISPOSITION 1 → Burtal 2 □ Cremation 2 □ Remove 4 □ Donation 5/3 Other (Socily)	from State 200-79 ACE	OF DISPOSITION (Name of b	emetary, crematory or	1/ Qu	ation - cay o	OLS UD
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	23 YAME	ong adgrigus of FA	plust of CX	a gra	20
Merrell	5 Cder	8 33	Think	ne H	82	217
	nplicationa that caused tha de t only one cause on each line	eath. Do not enter the m	oda of dylng, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between
immediate cause (Final disease or condition resulting in daeth)	mumaa	dial int	aretro	A .		Immed.
	DUE TO (OR AS A CONSE	OUENCE OF):			dian	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	CONGIOV	CON CIN	W. W. CO	re years
CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	OUENCE OF):				
thet initiated events resulting in death) LAST	***************************************					
PART II. Other algolificant conditions of	contributing to death but not i	resulting in the underlyi	ng ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
Sepsis, hyp	enalmennie			1 TYES 2	/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		·		_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C)	eck only one)		
	IOSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	me 5 🗆 Residence			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IF	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D
2 Accident Investigation	28e. PLACE OF INJURY At he		YES 2 NO	28t. LOCATION (Street)	and Number or Ru	iral Route Number
3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Specify)			City or Town, State)		
0001	N: To the best of my knowledge, de On the basic of examination end/or					ree(s) and menner as stated.
296. SIGNATURE AND THE OF CERTIFIER	1-1-		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
Je p		20			P 4/2	8/90
30. NAME AND ADDRESS OF PERSON WHO O	M.D. 7845 OAK	M 27) (Type, Print) JAAN RAAN S	UITE 200	GI EN RIIDNI	IE MVD	VI AND 21061
31. DATE FILEO (Month, Dey, Year)	M.D. 7845 OAK	ndelle	OTIL ZUU	GLLN DUKN	IL, MAK	ILANU ZIVOI
II MAY I I TOUR	quita vaviasor-1					

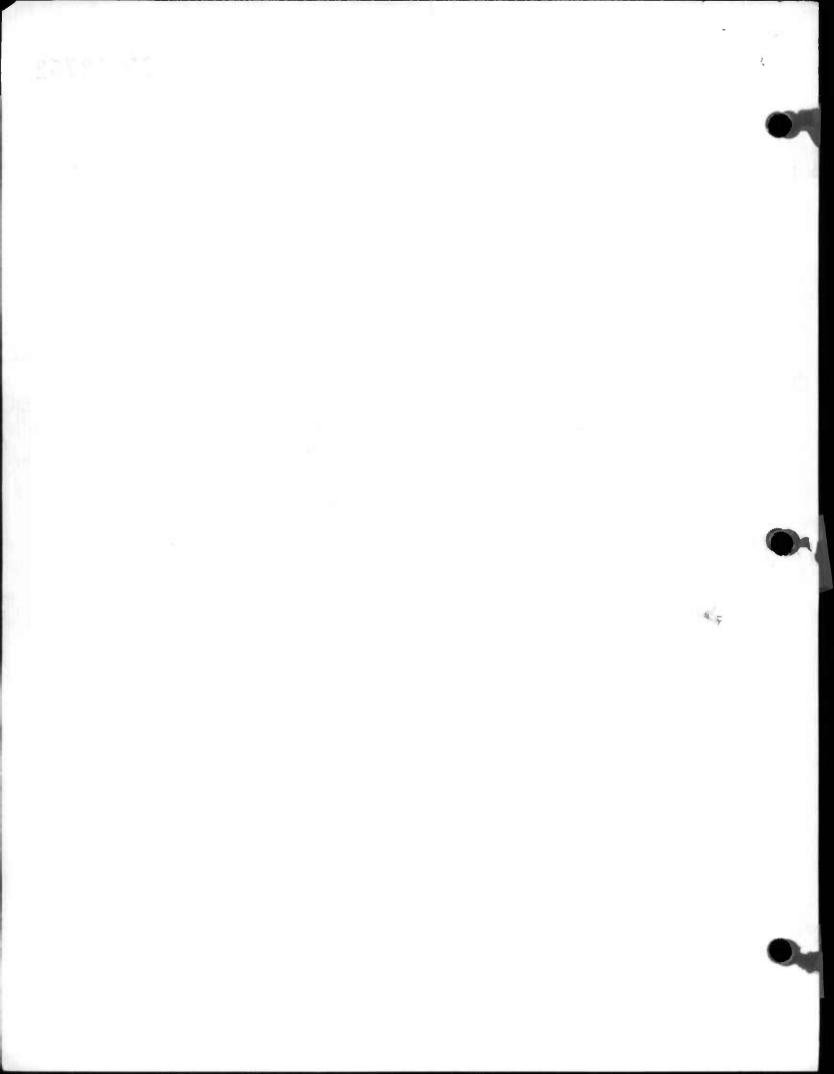
FOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND F	MENTAL HYGIENE
	CERTIFICATE	OF DEAT	Ή	REG. NO.

	1 - STATE REGISTRAR	CEI	RTIFIC	ATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Calvin Merr		ohnso			2. DATE O		YEAR	3. TIME OF DEATH 11:49 PM M
	4. SOCIAL SECURITY NUMBER 216-03-5699 5. SEX 1XXM 2 □ F	6. AGE (In yrs. last t	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3/2	Day: Year) 0/1912	Ma	aryland
TOR	98. FACILITY NAME (If not institution, give street and number) Alright Parking Garage RESIDENCE OF DECEDENT		9		imore Cit			N/	
DIRECTOR	10e. STATE 10b. COUNTY Maryland N/A			Baltimore City (Broo			klyn)		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3818 Eighth Street,			10	1. ZIP CODE 21225	5 -			WHAT COUNTRY? SA
B		IT EVER IN U.S. ARMI I YES 2 X NO MAR OR DATES		If yes, s	CENDENT OF HISPAN Hexica B 2 X NO Specify	n, Puerto Ri			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Industrial Engineer Western Electric								ic
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)								
BE	Ernest Edmund Johnson Bessie Edna Reddish Johns 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
유	Mrs. Doris M. Johnson	_			Street, E	Balti			
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Glen H	även	Memori	al Park			Burnie	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	vin E. E	cker —	McCu1	nd address of fa ly Funera . Patapso	al Ho	me of E	Brookly	n d. 21225
	resulting in death) a		ic ca	ardiova				tory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algnificant conditions contributing to	death but not re	sulting in	the underlyl	ng cause given in	Part I.	24s. WAS AN AL		b. WERE AUTOPSY FINDINGS
EDICAL		·				_	PERFORM		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES THE NO
N: ME							INSPEC'	TION	1
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A XES 2 NO HOSPITAL: 1 Impatient 2		T	26. I	PLACE OF DEATH (Ch			Comme	
PHYSICIAN:	X∑XES 2 □ NO 1 □ Inpatient 2 27. MANNER OF DEATH 28s. DATE OF	ER/Outpatient 3		I ☐ Nursing Ho	me 5 - Residence	0 Other		Scene	
ВУ РЬ	Natural 5 Pending Accident Investigation (Month,	Day, Year)	INJUI	RY W	YES 2 NO				
ETED	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At hom	ne, farm, str	reet, factory, off	ce		TION (Street ender Town, State)	d Number or Rura	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of 2XXINEDICAL EXAMINER: On the basic of								(e) end manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	rell			OCME	MBER			D (Month, Day, Year)
-	30. NAMEJANO ADORESS'OF PERSON WHO COMPLETED CAL Margarita A. Korell, MD				enn Stre	et,Ba	ltimor	e,MD 21	201 v
	31. DATE FILED (Month, Day, Year) 32. REGISTR MAY 1 1 1990 January	don-Randal	2.						



permit. Pages 1, 2, 3 should

for use as the burial-transit

director, page 5 should be detached

funeral (

notified at

examiner must be

medical

the

marked, or item 23 shows any injury, or other traumatic event,

Item 28 is

IMPORTANT: If

9

는 기를 하는 이 기를 하는 기

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAN'S SIGNATURE And AND STATE DELL'AND STATE OF THE STATE OF

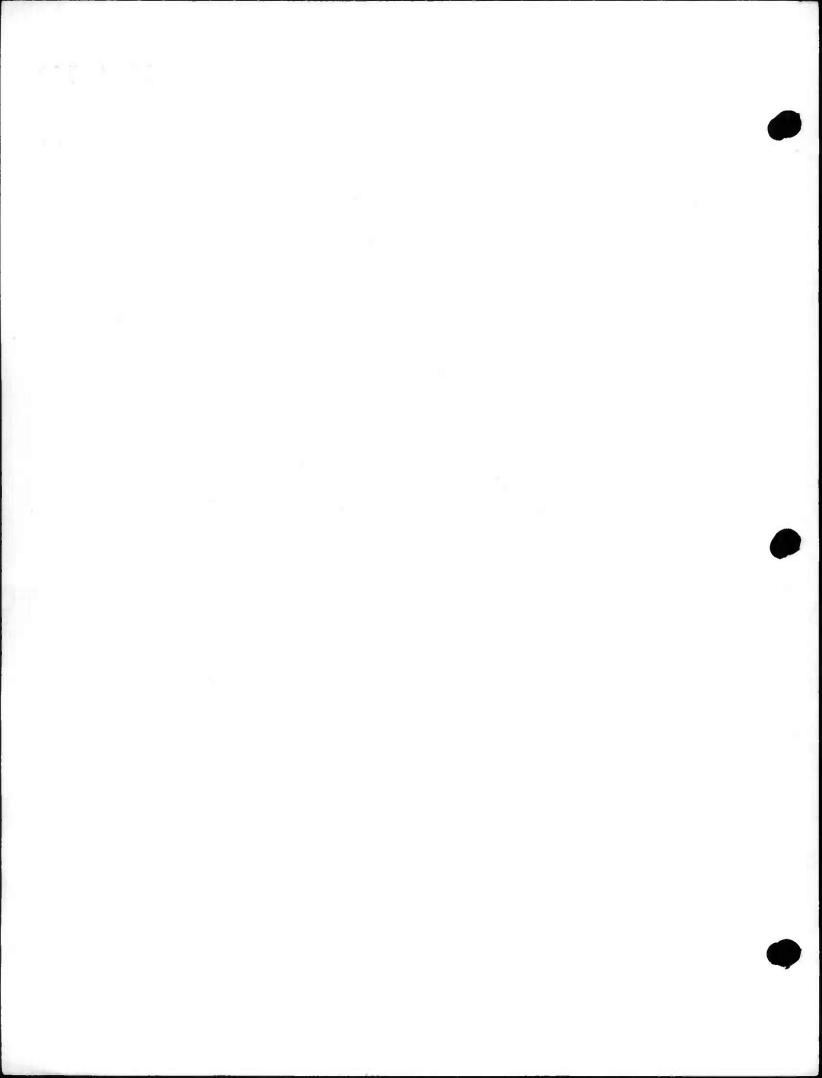
	afte	y th	TI OV
	53	d n	re
b	hot	8	0
	47	Ē	00
	두	ely	Pati
2	W	plet	ref
ŕ	8	E	-
5	Cut	P	MIN
-	800	9	100
(pe	ciai	ior
	ate	SE	0
	tife	0 5	end
)	8	ė	PV
•	ath	tten	E
	de	e a	Aen
,	\$	y th	P
	that	Q p	20
)	Sa	g	HIER
?	Ġ.	S	Į,
	9	age	0
1	8	Se	Jan
ζ	The	le h	- St
-	ż	hear	5
•	CIA	erti	the
	S	S	ų,
,	4	=	3
	NG	Vitte	Pat
2	8	ä	Pr c
2	Ĕ	6	aff
DIVISION OF VIEW PENDING, 1.0. DOX 10140,	R	REI	SULP
2	0 7	0	P
	A	RA	3
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the	writtin 25 hours after death with the State Dent of Health and Mental Hydiene prior to burial cremation or remov
	Ī	E	3

12763 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** REG. NO KRECZ 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) ALBERT LBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 97609 1 M 2 F 76 April 25 1914 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore 1 💢 X ES 2 🗌 NO Maryland FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE U.S.A. 21218 1709 Lakeside Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Y YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. BACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rical

1 YES 2 NO Specify: 1 Never Married 2 Married ВҰ 3 Widowed 4 Divorced White WWII COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 8 Postman U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen Krecz Elizabeth Gross 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Same as #10e <u>Stephanie Krecz</u> 20s. METHOD OF DISPOSITION
1 | Buriel 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Baltimore National Cem.5-11-90 Balto., Maryland 21. SIGNATURE OF FUNERAL 22. NAME AND ADDRESS OF FACILITY LIF Leonard J. Ruck , Inc. 5305 Harford Rd Balto. .Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE preumoc PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING Tension Meune Due to (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO OF DEATH? 1 - YES 2 10 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NAO etient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ΒY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide Could not be detarmined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piaca, and due to the cause(a) and menner as stated.

Good Sawantan

29d. DATE SIGNED (Month Day,



BALTIMORE, MARYLAND 21203-3146

	1 - FOR STATE REGISTRAR	STATE OF W	IARYLAN			HEALTH A		NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH		YEAR 3.	TIME OF DEATH
	Judith	Naomi		KT	ER				990		5:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YEA		HRS. 7.	DATE OF BIRTH			CE (State or Foreign
	092-36-2894	1 🗆 M 2 😾 F	41	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Day, Year) ept 9. 19	946 F		lvania
1 -		FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH									
DIRECTOR	6524 Langsdal	24 Langsdale Road Baltimore						Baltimore			2
) E	10e. STATE 10b. COUNTY	٧		10c. CIT	r, TOWN OR LO	CATION				10	I. INSIDE CITY
ă	Maryland Harfo	ord		Stre	et					1 (YES 2 NO
) ¥	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WHA	COUNTRY?
FUNERAL	3569 A Mill Green	Road				21154			II.S.	Α.	
3	11. MARITAL STATUS	12. WAS DECEDEN				ECENDENT OF		ORIGIN? (Specify Yea	or No-	4. RACE - Black, W	American Indian,
	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W				ES 2 NO		ruerto Ricen, atc.)		Specify:	real, alex
B¥		<u> </u>				71					<i>h</i> ite
E G	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16	(Give kind of s	USUAL OCCUPI work done during	TION most of working		16b. KIND OF BUS	INESS/INDU	STRY	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe. Do NOT us	ie retired.)						
COMPLET	12			Secreta	ry	1			overr	ment	
5 3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Maiden	Sumame)		
B	James Frank Macr	i. Sr.		_				th Matte			
2	19a. INFORMANT'S NAME (Type/Print)							te Number, City or Town		,	
	Robert Kier		T					Street,			
	20s. METHOD OF DISPOSITION 1 □ Burtal 2 ☑ Cremation 3 □ Rem	oval from State		ACE OF DISPORT her place)	SITION (Name of	cemetery, cremat	ory or	20c. LO	CATION — C	ity or Town,	State
	4 Donation 5 Other (Specify)	251055	- Gr	reenmou	nt Cem	etery		Ba1	timor	e, MI).
	21. SIGNATURE OF FUNERAL SERVICE LIC	PENSEE						al Home,	Tno		
a a second	•							ai nome, ad Balti		MD	21206
200	23. PART I. Enter the diseases, or ahock, or heart fellure.										Approximate
	IMMEDIATE CAUSE (Final	List only one cau	se on each		1						Onset and Deeth
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METRISTRIC LUNG CANCER 3 mos									3005	
AGE ACT	DUE TO (DR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, b. BRNIN MOTRS-TASIS										
	If any, leeding to immediate	DUE TO	(OR AS A CO	INSEQUENCE O	F):						
5 5	CAUSE (Disease or Injury	c									
T E	that initieted events	DUE TO	(DR AS A CO	INSEQUENCE O	F):						
CERTIFICATION	Total ting in death) EAST	d									
	PART II. Other significant condition	na contributing to	deeth but	not resulting	In the underl	ing cause giv	ren In Pa	rt I. 24a. WAS AN	AUTOPSY	24b. WI	RE AUTOPSY FINDINGS
MEDICA								PERFOR		CC	MPLETION OF CAUSE
			-					1 TYES 2	W MO		DEATH?
2 2								-		1 '	YES 2 NO
70	1				20	PLACE OF DEA	TH (Check	only one)			
IAN:	25. WAS CASE REFERRED TO MEDICAL	1	49	- A (T DO)	OTHER:	iome 5 (V Resi	dence 6	Other (Specify)			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatie	HTE 3 LI DUM							
TYSICIAN:	EXAMINER?	1 Inpatient 2	ER/Outpatio	28b. TIN	E OF 28c.	INJURY AT		8d. DESCRIBE HOW I	NJURY OCC	URED	
PHYSICIAN:	EXAMINER? 1	1 🗆 Inpetient 2	INJURY	28b. TIN	E OF 28c.	INJURY AT WORK?	2	8d. DESCRIBE HOW I	NJURY OCC	URED	
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF	INJURY OF INJURY —	28b. Till	E OF 28c.	WORK?	NO 2	8f. LOCATION (Street	and Number		e Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF	INJURY	28b. Till	DURY M 1	WORK?	NO 2		and Number		e Number,
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 N CERTIFYING PAYS	28s. DATE OF OHORN. II.	INJURY OF INJURY — otc. (Specify)	28b, Till IN. At John, farm,	IE OF JURY M 1 1 street, fectory, (WORK? YES 2	NO 2	81. LOCATION (Street City or Town, State)	and Number	or Rural Rout	e Number,
IT HEM 28 IS MARKED, OF HEM 23 S. MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28s. DATE OF Official PLACE Consultating, SICIAN: To the best of	INJURY — etc. (Specify)	At horn, farm,	E OF JURY M 1 1 street, factory, c	WORK? YES 2 office	NO 2	Sf. LOCATION (Street City or Town, State)	and Number	or Rural Rout	
MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINI	28e. DATE OF (Month, f) 28e. PLACE Of building, BICIAN: To the best of ER: On the basis of a	INJURY — etc. (Specify)	At horn, farm,	E OF JURY M 1 1 street, factory, c	WORK? YES 2 office date and place, a	NO 2 and due to d at the time	81. LOCATION (Street City or Yown, State) the cause(a) and man ne, data and place, an	and Number	or Rural Rout d. cause(a) a	nd manner as stated.
IT HEM 28 IS MARKED, OF HEM 23 S. MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 NO CERTIFYING PHYS	28e. DATE OF (Month, f) 28e. PLACE Of building, BICIAN: To the best of ER: On the basis of a	INJURY — etc. (Specify)	At horn, farm,	E OF JURY M 1 1 street, factory, c	WORK? YES 2 office	NO 2 and due to d at the time	81. LOCATION (Street City or Yown, State) the cause(a) and man ne, data and place, an	and Number	or Rural Rout d. cause(a) a	
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TILE OF CERTIFIE	28a. DATE OF 28a. DATE OF (Myorth, I) 28a. PLACE OF building, CICIAN: To the best of a	INJURY et. (Specify) F INJURY — etc. (Specify) my knowledge xamination ar	At horn, farm,	E OF UNIV M 1 1 street, factory, con, in my opinio	WORK? YES 2 office date and place, a	NO 2 and due to d at the time	81. LOCATION (Street City or Yown, State) the cause(a) and man ne, data and place, an	and Number	or Rural Rout d. cause(a) a	nd manner as stated.
IT HEM 28 IS MARKED, OF HEM 23 S. MPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TILE OF JERTIFIE 30. NAME AND ADDRESS OF PERSON WIDT. Michael Auer	28e. DATE OF 28e. DATE OF 28e. PLACE C building, SICIAN: To the best of a	INJURY et. (Specify) The state of the state	At how farm, farm, ge, death occurring for investigeth (TEM 27) (Type	E OF UNIV M 1 1 street, fectory, con, in my opinio	WORK? YES 2 office date and place, a	NO 2 and due to d at the tim	8f. LOCATION (Street City or Town, State) the cause(s) and man ne, data and place, an	and Number	or Rural Rout d. cause(a) a	nd manner as stated.
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TILE OF JERTIFIE 30. NAME AND ADDRESS OF PERSON WIDT. Michael Auer	28a. DATE OF 28a. DATE OF 38b. PLACE Of building, SICIAN: To the best of a	INJURY et. (Specify) The state of the state	At how farm, farm, ge, death occurring for investigeth (TEM 27) (Type	E OF UNIV M 1 1 street, fectory, con, in my opinio	WORK? YES 2 iffice date and place, and, death occurred 29c LICEN	NO 2 and due to d at the tim	8f. LOCATION (Street City or Town, State) the cause(s) and man ne, data and place, an	and Number	or Rural Rout d. cause(a) a	nd manner as stated.

3 ST 13 MO

100

. . .

Edmund

1. DECEDENT'S NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER

3. TIME OF DEATH

5:00PM

> Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

a. BIRTHPLACE (State or Foreign

2. DATE OF DEATH DAY

монтн 5-5-90

		Ф
	Sine	u p
	47	fille
	within	pletely
	uted	00
	2000	and
	2	ician
	ificate	phys
	Cert	ding
	death	after
	the	the
	that	5
	uires	Signe
	req	Deen
	e law	has
	E	ate
	SICIAN	certific
)	PHY	this
	ING	After
	TENC	TOR:
	OR A	DIREC
	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b

11. MARITAL STATUS 12. MARITAL STATUS 13. Mever Merried 2 Married 14. Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Leat) HARLES 19a. INFORMANT'S NAME (Type/Print) EDUND 10b. METHOD OF DISPOSITION	PORD 12. WAS DECEDENT EVER FORCES? 1 TYES, GIVE WAR OR CONTROLL C	IN U.S. ADMED 3 2 NO DATES 16a. DECED (Give in Mis. Do.)	HBIT	OR LOCATION OF LOC	ZIP CODE 21009 ENDENT OF HISPAN city Culban, Mexicar 2 PNO Specify	IC ORIGIN? (Spe, , Puerto Rican, .:	Harf 10g. CITIZ City Yee or No— OF BUSINESS/INDU	EN OF WHAT SA 14. RACE — A Black, WH Specify: WWITC	INSIDE CITY LIMITS? YES 2 NO COUNTRY?	
10b. COUNTY HARY 10c. STREET AND NUMBER 2915 LAUREL 11. MARITAL STATUS 12. Never Merried 13. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last) 12. NAME (First, Middle, Last) 13. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 14. FATHER'S NAME (First, Middle, Last) 15. HARLES LED 16. INFORMANT'S NAME (Type/Print) 16. LUND EDVI	12. WAS DECEDENT EVER FORCES? 1 TYE. IF YES, GIVE WAR OR COmpleted) College (1-4 or 5+)	IN U.S. ADMED 3 2 NO DATES 16a. DECED (Give in Mis. Do.)	ABIN 13 ENT'S USUAL and of work done NOT use retired.	101. WAS DECE If yes, spe 1 YES	ZIP CODE 21009 ENDENT OF HISPAN offy Culban, Mexicar 2 12 No Specify Nt of working	16b, KINO	OF BUSINESS/INDU	EN OF WHAT SA 14. RACE — A Black, WH Specify: WWITC	VES 2 NO COUNTRY? American Indian, Ite, etc.	
MD HART 100. STREET AND NUMBER 2915 LAUREL 11. MARITAL STATUS 12 Never Married 2 Married 3 Decepent's Educ (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest) 190. INFORMANT'S NAME (Type/Print) EDUND EDV 100. METHOD OF DISPOSITION	12. WAS DECEDENT EVER FORCES? 1 TYE. IF YES, GIVE WAR OR COmpleted) College (1-4 or 5+)	IN U.S. ADMED 3 2 NO DATES 16a. DECED (Give in Mis. Do.)	ABIN 13 ENT'S USUAL and of work done NOT use retired.	101. WAS DECE If yes, spe 1 YES	ZIP CODE 21009 ENDENT OF HISPAN offy Culban, Mexicar 2 12 No Specify Nt of working	16b, KINO	OF BUSINESS/INDU	EN OF WHAT SA 14. RACE — A Black, WH Specify: WWITC	LIMITS? YES 2 NO COUNTRY? American Indien, ifte, etc.	
APIS LAUREL 1. MARITAL STATUS Never Merried 2 Married Never Merried 2 Married Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last) HARLES	12. WAS DECEDENT EVER FORCES? 1 YE: IF YES, GIVE WAR OR CATION completed) College (1-4 or 5+)	16a. DECED	ENT'S USUAL (ind of work done NOT use retired,	. WAS DECE If yes, spe 1 YES DOCCUPATION of during mos	2 PNO Specify N of working	16b, KINO	OF BUSINESS/INDU	SA 14. RACE — A Block, Wh Specify: WNITE	imerican Indien, ite, etc.	
Never Married 2 Married	FORCES? 1 YE: IF YES, GIVE WAR OR CATION completed) College (1-4 or 5+)	16a. DECED	ENT'S USUAL (ind of work done NOT use retired,	If yes, spe 1 YES OCCUPATION during mos	city Cuban, Mexicar 2 NO Specify N It of working	16b, KINO	of BUSINESS/INDU	Specify: WNITE	ite, etc.	
(Specify only highest grade Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last) HARLES LED 19a. INFORMANT'S NAME (Type/Print) EDVINO EDVI	completed) College (1-4 or 5+)	PLRI	ind of work done NOT use retired.	during mos	t of working	1		STRY		
CHARLES LED 198. INFORMANT'S NAME (Type/Print) EDMUND LEDVI 209. INSTHOD OF DISPOSITION	`					1 / 1/	artins			
EDMUND LEDVI	INKA, JR.									
10a, METHOD OF DISPOSITION	190. INFORMANT'S NAME (Type/Print) EDMUND (EDMINKA, JR. 19843 GORE MILL B., FREELAND,								2105:	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or office) ADLY LEDESTIER 20c. LOCATION — City or Town,									itate Ms.	
21. SIGNATURE OF POWERAL SERVICE LIC	ENSEE DO O	Q.	27	NAME AN					E 21237	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S.ARTERIOSCIJ OUE TO (OR AS	EROTIC B A CONSEQUE B A CONSEQUE	NCE OF):	DVASC	ULAR DIS	EASE			Interval Bet Onset and	
PART II. Other significant condition	d	but not resu	ilting in the t	underlying	y cause given in		PERFORMED?	AVA COR OF	RE AUTOPSY FINI ILABLE PRIOR TO IPLETION OF CAI DEATH? VES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	- O ·						
MANNER OF PEATH	1 - Inpatient 2 - ER/O		DOA 4 🗆 N	ursing Home			"			
1 Natural 5 Pending 2 Accident Investigation	"	INJURY M	1 🗆 Y	RK? /ES 2 NO	Share ex					
3 Suicide 8 Could not be 4 Homicide determined			ferm, street, fe	ectory, office				or Rural Route	Number,	
(Check only									1 manner as ets	
10000 F 4	all I	M			29c. LICENSE NUI OCME	MBER	29d. DATE		-	
2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23. PART I. Enter the diseases, or shock, pr heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined 29. CERTIFIER Could not be determined.	23. PART I. Enter the diseases, or complications that ceus shock, pr heart feliure. List only pne cause on immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. DATE OF INJUR (Month, Day, Yes. In Underty Netural State of Investigation and Investi	23. PART I. Enter the diseases, or complications that ceused the death shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S.ARTERIOSCIPROTIC OUE TO (OR AS A CONSEQUE to the short of the second to the short of the shor	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter tha more shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE T	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter tha mode of dying, such shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SARTERIOSCLEROTIC CARDIOVASCULAR DISEASE OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate acuse. Enter VINDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OU	23. PART I. Enter the diseases, or complifetions that coused the death. Do not enter the mode of dying, such as cardiac or respiratory are abock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) SARTERIOSCLEROTIC CARDIOVASCULAR DISEASE. OUE TO (OR AS A CONSEQUENCE OF): OUE T	23. PART I. Enter the diseases, or comflictions that caused the death. Do not enter that mode of dying, such as cardiac or respiratory streat, shock, or heart feliure. List only one cause on each line. MMMEDIATE CAUSE (Final diseases or condition and the sease of the sease of the sease of condition and the sease of	

ic Davidson Bandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

Ledvinka, Sr.

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

DHMH-18 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29.

	FOR STATE OF MARYLAND 1 - STATE REGISTRAR	/ DEPARTMENT OF		MENTAL HYGIEN REG. NO	_	1216		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH		
	ROBERT LECEMPTE			MONTH D		9:10 PM - M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	est birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRT	HPLACE (State or Foreign		
	130-32-3096 18M2[;F 62	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	LTIMORE MD		
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DE	EATH FATH	9c. COUNTY OF			
TOR	FRANCIS SOUTH KEY HOSPITAL RESIDENCE OF DECEDENT	BALT	THORE, M.	٥.				
DIRECTOR	106. STATE 10b. COUNTY HO	10c. CITY TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1820 Ogkdale Ave	16	of ZIP CODE	7	10g. CITIZEN OF	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	or No- 14. RAC Blac Spe	CE — American Indien, ck, White, etc.		
	15. DECEDENT'S EDUCATION 160. E	DECEDENT'S USUAL OCCUPAT	ION	16h KIND OF BU	I SINESS/INOUSTRY	WHIT		
	(Specify only highest grade completed)	(Give kind of work done during mile. Do NOT use retired.)		100.1010 0. 00	1			
COMPLETED	Conege (1-01 5+)	Laborer		1-0	bover			
	17. FATHER'S NAME (First, Middle, Last) LeCompte 18. MOTHER'S NAME (First, Middle, Melden Surname)							
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street			n, State, Zip Code)	1 0		
2	Anna D. Waggner	1929 Si	ver Lo	ine E	SSRY M	2 21221		
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State 20b. PLAC	E OF DISPOSITION (Name of co			CATION - City or T	own, State		
	4 Donation 5 Other (Specify)	Holly Hil	15.	1	balto	MG.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	22. NAME /	AND ADDRESS OF FA	CILITY				
	► (dd 3 (dd) 0	Cvac	(10,10)	10 CI	1211 (6	saco 21237		
	23. PART Lefter the diseases, or complicatione that caused the		14/14/14	h as cardisc or resp		Approximate		
	Mock, or heart fallure. List only one cause on each iir	16.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	CONSTILL HEART FAILURE						
	resulting in desth) a							
-	INFERIOR M	YOCARDIAL INF	ARSTIAN					
0	Sequentially list conditions, if any, leading to immediate							
SAT	couse. Enter UNDERLYING	Enter UNDERLYING DIAGETES						
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	EOUENCE OF):						
CERTIFICATION	resulting in deeth) LAST							
- 11	PART II. Other significent conditions contributing to deeth but not	reculting in the underbile	na deura elua la	Part i. 24a, WAS AN	AUTODON LOA	b. WERE AUTOPSY FINDINGS		
ÄL	DIAGETES	resolding in the underlyii	ig cause given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă				1 YES :	NO	OF DEATH?		
M	OBESITY					1 YES 2 NO		
ä								
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (C)					
IYS	1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 27. MANNER OF DEATH 28e. DATE OF INJURY		me 5 Reeldence					
	1 Natural 5 Pending	INJURY W	JURY AT /DRK?	28d. DESCRIBE HOW	INJURY OCCURED			
B	2 Accident Investigation		YES 2 NO	204 LOCATION (Comme	and Mumbas as Ours	Doub Markey		
8	3 Suickle 6 Could not be determined 286. PLACE OF INJURY — AT building, etc. (Specify)	nome, tarm, attest, sectory, on	190	281. LOCATION (Street City or Town, State		Houte Number,		
Li I	290. CERTIFIER							
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination end/or					(a) and manner as stated		
8								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)		
5	U. FOX Church		11012		1 2/1/90)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)						
	31. DATE FILED (Month. Day. Year) 32. REGISTRAR'S SIGNATURE							
	5/2/MAY 11 1990 Julia Davidson-h	anded						

DHMH-18 Rev 1/89

1		FOR STATE REGISTRAR
Г.	_	ECEDENTIS NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Sharon M. LOGUE 2. Date of Death Worth MONTH MONTH 12:15 A M										
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	l a	BIRTHPLACE (State or Foreign			
	214-44-6972	1 🗆 M 2 💢 F		rs. Months DAYS Hours Min. (Month, Day, Year) May 23, 194			943	MAryland			
~	90. FACILITY NAME (If not institution, give stre		-1		OR LOCATION OF DE		9c. COUNTY				
ğ	Franklin Square Hospital Rossville Baltimore										
DIRECTOR	10e. STATE 10b. COUNTY	7	10c. CITY	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?			
ā		altimore			sex			1 TES 2/ NO			
FUNERAL	100. STREET AND NUMBER 353 TOWNSEN	d Road		1	01. ZIP CODE 2122	21	10g. CITIZEN OF WHAT COUNTRY? USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		CENDENT OF HISPAN pecify Cuben, Mexica	IIC ORIGIN? (Specify Yea	or No- 14.	. RACE — American Indian, Black, White, etc.			
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	Xeata		S 2 NO Specify			Specify: White			
	15. DECEOENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S U	ork done during r		18b. KIND OF BUS	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NOT use	retired.)		7	0.1				
₹	12th 17. FATHER'S NAME (First, Middle, Last)						Stee	; T			
	The state of the s				500000000000000000000000000000000000000	ME (First, Middle, Maiden					
8	James Cook 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	end Number or Rural I	Route Number, City or Tow	n, State, Zip Co	diner			
유	James Logue					BAltimo					
	20e. METHOD OF DISPOSITION 1	val from State	b. PLACE OF DISPOS	ITION (Name of o	emetery, crematory or			y or Town, State			
	4 Donetion 5 Other (Specify)		Garden			emetery R	lossvi	lle Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	land	Con:	and address of fa nelly Fu	uneralHom	e 300	MAceAve.			
	23. PART I. Enter the dispuses, or co	omplications that cause	d the death. Do n								
	shock, or head failura. L	lat only one cause on	each line.					Interval Between Onset and Death			
	disease or condition ———————————————————————————————————										
	rosulting in dodding		A CONSEQUENCE OF								
S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
TA	If any, leading to immediate couse. Enter UNDERLYING	של זה והיו אם	A CONSCIOUNT OF	<i>y</i> •				į į			
필	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	ı									
	PART II. Other algorificant conditions	contributing to deeth	but not resulting i	n the underly	ng cause given in			24b. WERE AUTOPSY FINDINGS			
EDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
								1 TES 2 NO			
ž											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)					
PHYSICIAN: M	1 TYES 2 X NO	HOSPITAL: Inpatient 2 = ER/Out	petient 3 DOA	4 - Nursing H	ome 5 Reeldence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILLEY OCCU	BED			
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	VORK?	286. DESCRIBE HOW	INJUNT OCCU	160			
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR				281. LOCATION (Street		Rural Route Number,			
	4 Homicide 8 Could not be	building, etc. (Spi	ecify)			City or Town, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wiedge, death occurre	d at the time, d	ite end place, end due	to the cause(e) end ma	nner ee stated.				
OMI	onel _	R: On the beele of examinati	on end/or investigatio	n, in my opinion	, death occured at the	time, date end place, e	nd due to the o	ceuse(s) end manner as stated.			
	266. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	RBBM		SIGNEO (Month, Day, Year)			
TO BE	Sh of	1	4.1.				▶ U5/	/10/90			
5	30. NAME AND ADDRESS OF PERSON WHO TONYA GOSha,				lin Sq. D	r., Balto.	21237	7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE								
	MAY 1 1 1000 /	1 1 10	4.46								

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

U			
0			
	목		
	Shor	- 1	-
	٠.	- 1	6
	1, 2	- 1	5
	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		TO BE COMPLETED BY FUNERAL DIRECTOR
	E,		0
	Pe Pe	- 1	₹
	Tist.	- 1	Ш
	ician II-tra	- {	3
9	ohys	- 1	U.
JARYLAND 21203-3146	retained by the hospital or attending physician. 5 should be detached for use as the burial-tran		BY
8	as as		0
20	r att		Ш
21	ě è		Щ
0	hed he		4
Z	e the	2	ō
P	5 S	=	O
∑	D P	notified at once.	B
AF	taine	1	0
=	S 2	2	F

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEI	N
		C	ERTIFICATE	OI	F DEAT	Ή		REG. NO	o

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO.	E	
1. OECEDENT'S NAME (First, Middle, Lest)	Millian	4			2. DATE OF OEATH MONTH DA	7 7	SAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-18-0609	5. SEX 8. AGE (In your 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $11-29-$	15	BIRTHPLACE (State or Foreign Country) N.C.
9e. FACILITY NAME (If not institution, give s LIBERTY MEDIC	*	9		TIMORE,		9c. COUNTY	OF OEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Α	10c. CITY, 1	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
M D		B A	LTIMO	R E		100 CITIZEN	1 X YES 2 NO
	ANIA AVE. A	PT. 130		21201			SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE	2 NO	If yes,		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 th GRADE		le. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during i	FION nost of working	GRIFF		
17. FATHER'S NAME (First, Middle, Last) SAMUEL HILL	IAN			NELL		NSON	
190. INFORMANT'S NAME (Type/Print) DORIS LIGON			HIGH		Route Number, City or Tow T. COLUME	BIA, N	MD. 21045
28a. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	LACE OF DISPOSITE CAT	HEDRA	C.C. P4	1,	ALTIM	ORE, MD.
21. SIGNATURE OF FUNERAL SERVICE LIN	wares		WM.	C.MARC	н Б.Н. 1:	L01 E	. NORTH AVE.
23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. DUE TO (OR AS A G		OSAS	node of dying, suc	th sa cardiac or respi	ratory arreat	t, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO OR AS A CO. DUE TO OR AS A CO. DUE TO OR AS A CO.	ASULTO DISEQUENCE OF):	and	failvie			unknown
PART II. Other significent condition	ns contributing to death but	not resulting in	the underly	ing cause given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
1 - YES 2 NO	1 inpetient 2 ER/Outputi	ent 3 DOA 4	OF 28c.	ome 5 - Residence	6 Other (Specify)	INJURY OCCUP	REO
Netural 5 Pending Investigation	(Month, Day, Year)	IULAI	M 1	WORK? YES 2 NO	134HH 1466245011		
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)		reet, factory, o	fice	281. LOCATION (Street City or Town, State)	and Number or)	Rural Route Number,
(Crieck only	SICIAN: To the best of my knowled ER: On the basis of examination a						
296. SIGNATURE AND TITLE OF CERTIFIE	win mo			29c. LICENSE NU 0 357	MBER 82	29d. DATE 8	BIGO
30. NAME AND ADDRESS OF PERSON WI	sin Lu	buty	Med	ical C	enta.	Bal	Enre Md
31. DATE FILED (MORE). Cosy, Year) 1990	32. REGISTRAN'S SIGNAT	URE		V - 170 - 170			14-10-10-10-10-10-10-10-10-10-10-10-10-10-

pd D	e bu	
ulpu	as th	
or atte	esn	
ortal (d for	
hosp	tache	9
y the	e de	10 01
ed b	Pla	ed
retair	5 sho	otifi
og /	age	be
5 may	tor, p	TS.
age	direc	m 10
th. P	leral	m
r dea	ie fe	exa
s afte	Dy the	dica
Ogu	of in	me
Į,	ly fill	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a removing after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but have also within 72 hours after death with the State Denr. of Health and Mental Hodeire prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cuter	od co	tic
e exe	an ar	uma
ate b	hysici prio	r tra
ertific	ng p	othe
ath c	tend tal Hy	0.
the de	the a	njery
that	ed by	amy
uires	Sign	WE
per v	been	sho
he lav	has	n 23
E N	State	ie.
SICIA	certi	0
PHY	this	rke
DING	After	=
TEN	10R:	28
OR AL	DIREC	lem .
TAL	JAL C	If It
10SP	UNE	ANT
THE H	THE F	ORT
10	2	K

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND !	MENTAL HYGIEN REG. NO	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	٧	3. TIME OF DEATH		
	Mari Mita	ni				May 0		0 1115 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)		
	561-44-0406	1 🗌 M 2 🙀 F	81 YRS.	MONTHS DAT	'S HOURS MIN.	April 8,	1909	California		
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOV	VN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
FUNERAL DIRECTOR	North Arundel Hospital				en Burnie		Anne	Arundel		
HE	10e. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?		
□	11d1 y Land	Arundel	N	Millers				1 VES 2 X NO		
₹ I	10e. STREET AND NUMBER				101. ZIP CODE			OF WHAT COUNTRY?		
剪	334 Butternut Co				2110			.S.A.		
E	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS	DECENDENT OF NISPAN , specify Cuben, Maxica	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, atc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1	1 🗆	YES 2 NO Specify	r.		Specify: Asian		
	15. DECEDENT'S EDUCA	ATION	18a, DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUS			
	(Specify only highest grade c	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during	most of working					
7	1.2	2 yrs.	Libra	rian		City	of Los	Angelos, Cal.		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden		0 ./		
0	Denkichi Mitani				Tsuu	Qno				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)		
5	Norma Uemura		334 B	utternu	it Court M	illersvill	e, MD.	21108		
	20a. METNOD OF DISPOSITION 1 ☐ Burlal 2 文Cremation 3 ☐ Ramon		b. PLACE OF DISPO	SITION (Name o	f cemetery, crematory or	20c. LC	CATION — CIT	y or Town, Stata		
	4 Donation 5 Other (Specify)	All Holli State	Metro	Cremato	ry	Ba1	timore	, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/	22. NAM	E AND ADDRESS OF FA	CILITY Sinclet	on Fun	eral Home		
	> CA Henry	- 2/ el	-	1 8	econd Ave.			e, MD. 21061		
	23. PART I. Enter the diseeses, Dr co			_				t, Approximate		
	ehock, or heert fellure. L	ist only one cause on e	ech line.		1	. 0		Interval Between Onset and Death		
	diseese or condition	rand	10 re	1 MM	along	Janes	4			
	resulting in death) e	DUE TO (OR AS	A CONSEQUENCE O	OF):		. 0	7			
z		- Es Carlleting heart sailing.								
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE C	OF):	1 . /-	20				
S	CALISE (Disease or Inlury									
H	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE C	XF): /\	Par					
H	d d	dejaur	- Jacu		Pot					
CAL	PART II. Other eignificent conditions	7	but not resulting	in the under	lying cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	habunh	ilian:				1 □ YES		COMPLETION OF CAUSE OF DEATH?		
								1 TES 2 NO		
-										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATN (C)	eck only one)				
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 🗆 Rasidenca	6 Other (Specify)				
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 280	. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	(monat, pay, row)			YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory,	offica	28f. LOCATION (Street City or Town, State		Rural Route Number,		
TE	4 Nomicide determined	-								
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	vledge, death occur	red at the time,	date and place, and dus	to the cause(a) and me	nner an stated			
MO	one	t: On the basis of examination	on and/or investigat	lon, in my opini	on, death occured at the	time, deta and ptaca, a	nd dua to the	cause(a) and menner as stated.		
							29d. DATE 5	SIGNED (Morith, Day, Year)		
BE (A olition	Load	4		D30:	578	> 5	1.9.90.		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATN (ITEM 27) (Typ	e, Print)						
	Shobha D. Reddy.	M.D. 300 I	Hospital	Drive	#230. G1	en Burnie.	Marvl	and 21061		
	31, DATE FILED (Month, Day, Year)	PREGISTRAR SOIG			0.000					
	I RAILY I I TUILII /L.	E OF WELVIOLOGY	•							

237 11 11

SICIAN	4AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this cert	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked

MAY 11 1990

							_	0 12110	
	1 - STATE REGISTRAR	TATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	1010				2. DATE OF DEATH DA			
	Mary F	1 Nel				1.100	0 %	o gw an	
	4. SOCIAL SECURITY NUMBER 3 5.5.5 217-26-9298	74 YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BURTH (Month, De), Year) 5-2-L916	5 6	IRTHPLACE (State or Foreign ountry) Maryland		
_	9a. FACILITY NAME (If not institution, give street a		9b. CITY, TOWN (R LOCATION OF DE	ATH	9c. COUNTY (OF OEATH		
6	Good Samaritan	Hospital		Balto	.,Md.				
[절	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Lan OUTV	TOWN OR LOCAT	1041			10d, INSIDE CITY	
DIRECTOR	Maryland Baltin	more			ore,Man	ryland		LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 8811 Fearne	Ave.		101	21234		U.S	• A •	
BY FUN	1 Never Married 2 Married	. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR	2 K NO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify White	
Ĕ.	15. DECEDENT'S EDUCATIO (Specify only highest grade come	DN pleted)	18a. DECEDENT'S U	ork done during mo	ON at of working	16b. KIND OF BU	SINESS/INDUSTI	₹Y	
Щ		ollege (1-4 or 5 +)	ille. Do NOT use			m-		1. ().	
틸	6th		T. DI	spatch	ier.	TS	axi Ca	D CO.	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE	William Ril	ey			Maı	ry LeMait	tre		
	19a. INFORMANT'S NAME (Type/Print)			111		Route Number, City or Tow		•	
۴Į	Mary A.Macreadi	е	1809	Wendo	ver Rd.	-Balto.,	Md.21	234	
	20a. METHOD OF DISPOSITION	from State	0b. PLACE OF DISPOSI other place)	TION (Name of ce	netery, crematory or	20c, LC	CATION — City	or Town, State	
	1X Burlel 2 Cremetion 3 Removal from State Other place)								
	22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home								
	A Starte	.00						ome Md.21234	
-	23. PART I. Enter the diseases, or com	plications that caus	ed the death. Do no					Approximate	
	ahock, or heart fallure. List			A divide the the	da or dynig, ado	if an Cardiac Or reap	natory arrost,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	m 1	0 11 0	. (1			Onset and Daath	
	rasulting in death) a	Oak !	(611 (012	FINN	a			
	rasulting in death) a. Oct Cell Co of Lung Due to (or as a consequence of):								
S	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF						
CERTIFICATION	if any, laading to immediate cause, Enter UNDERLYING	50E 10 (011 Au	A CONSCOUNT OF					į	
	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	:					
ĒΙ	that initiated events resulting in death) LAST	era in Neitri	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
買	d								
	PART II. Other significant conditions co	ontributing to death	but not resulting in	tha underlyin	g causa given in	Part I. 24s. WAS AN PERFO	AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ਨੂੰ	HUnertens	MTZ				1 YES :	100	COMPLETION OF CAUSE OF DEATH?	
밀	Congortive	e Hear	+ Carly	4			*	1 TYES 2 T NO	
PHYSICIAN: MEDICAL	Cerebasia	10000	Accede	Tax		_			
M	25. WAS CASE REFERRED TO MEDICAL	scarar	· iceles	26. P	LACE OF DEATN (Ch	eck only one)			
2		OSPITAL:		OTHER:		6 Other (Specify)			
ξĮ	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b, TIME	OF 28c, IN	JURY AT	28d. DESCRIBE NOW	INJURY OCCURE	ED .	
교	1- Natural 5 Pending) INJU		ORK? YES 2 NO					
В	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — A1 home, farm, st			28f. LOCATION (Street	and Number or R	tural Route Number,	
	4 Nomicide 6 Could not be	building, atc. (S)	pecify)			City or Town, State			
COMPLETED	29a. CERTIFIER								
MPI	(Check only								
<u> </u>	2 MEDICAL EXAMINER: O	m the basis of examina	non and/or investigation	i, in my opinion,	seath occured at the	time, data and place, a	ng dua 10 the ce	use(s) and manner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	A =	A. A.		29c. LICENSE NUI	MBER	29d. DATE SIG	GNEO (Month, Day, Year)	
10 8	V SDIZ	1/120	NN17				P 11.	19 10 do	
F	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATN (ITEM 27) (Type,	Print)	e	A 41	- 1	1	
- 1	· MI I will	1/14	11	1 4.10		Marie W	1 / 10 a. com	TARVA CLAS	

8 4 .

TO BE COMPLETED BY FUNERAL DIRECTOR

	å
ó,	within
BOX 13146,	popular
×	2
P.O. BC	arrifferato
~	4
-	don
S	4
2	the see
DIVISION OF VITAL RECORDS,	area on arrestones purposed the last considere the death resillants he accounted within
-	1
₹	F
5	A BI.
OF	DIGNOTO
Z	0141
1810	ATTENDED IN
\leq	8
_	-
	- 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 news. after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	hn J.	0	Toole		2. DATE	7-90	W	PAR	3. TIME OF DEATH 12:40PM M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS		OF BIRTH			LACE (State or Foreign
213-32-1010	1 X M 2 D F	55 YRS.		AYS HOURS MIN	Oct	26, 193			land
9a. FACILITY NAME (If not institution, give s 4 E. Eager Stree				own on Location of altimore			9c. COUN	NTY OF DE	ATN
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		l se es			•			$\overline{}$	
	Y		TY, TOWN OR I					ŀ	10d. INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER			Baltimo	101, ZIP CODE			40 - 0/7/		YES 2 NO
4 E. Eager Street Apt	10			212	202		10g. CITI.		SA
11. MARITAL STATUS 1 V Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	EVER IN U.S. ARMED		S DECENDENT OF NIS			or No-	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2 NO Sp				Specify	White
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	work done duri	JPATION ng most of working	16b	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	use retired.)						
	1	Claims	Examine					f Soci	al Services
17. FATNER'S NAME (First, Middle, Lest) Martin J. O'Toole, S	r.			Delia N			Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Ru			n, State, Zip	Code)	
Mr. Patrick F. O'Tool	e	2 Isla	nd Run (Court Balt	imore.	Marylar	rd 212	28	
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram	aunt from State	20b. PLACE OF DISPO				7 7		City or Tow	m, Stafa
4 Donation 6 Dothy (Specify)		New Cathedr	al Cemer	tery 5/11/	/90	Balt	imore	Mary	land
21. SIGNATURE OF TUNERAL SERVICE AN	CEMPE /	/	22. NA	ME AND ADDRESS OF	FACILITY				
Michael	Muck		Lea	nard J. Ruck	Inc	5305 Ha	rford	Road	21214
23. PART I. Enter the diseases or	complications that of	ausad the death. Do	_						Approximate
shock, or heart failure.				,,,,,,			, _		Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Arterio	sclerotic (cardio	vascular	diseas	se			Onset sho Dagtii
resulting in death)	S	R AS A CONSEQUENCE							
									1
Sequentially list conditions, If any, leading to immediate	bOUE TO (O	R AS A CONSEQUENCE	OF):						
cause. Enter UNDERLYING	c.								
CAUSE (Disesse or injury that initiated events	DUE TO (O	R AS A CONSEQUENCE	OF):						
resulting in death) LAST	d								
PART II. Other significant conditio	ns contributing to de	eath but not resulting	in the unde	riving cause given	in Part I	24a. WAS AN	ALITOPRV	24h	WERE AUTOPSY FINDINGS
7744 111 04101 041011		outh but not requiring	in the one	injing cases given	m runc i.	PERFO	RMED?	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE
·						1 TYES	M)		OF DEATH?
						TNICDEY	יחיד (או		1 YES XY NO
INSPECTION									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ALAYMAS 2 NO 1 Inpellant 2 ER/Outpellant 3 DOA 4 Nursing Nome 2 (X residence 6 Other (Specify)									
27. MANNER OF OEATN	28a. OATE OF IN (Month, Day,	JURY 28b. TI	ME OF 28	Bc. INJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY OC	CUREO	
XXX Netural 5 Pending Investigation	(Month, Day,	1647)		1 YES 2 NO					
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)									
4 Nomicida detarmined									
		y knowledge, death occu							and manner as stated,
200 MEDICAL EXAMINER: On the basis of examination applier investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIZNATURE AND TITLE OF CERTIFIES. 29d. DATE SIGNED (MONIN, Dec. Was)									
/ KNON WILL F			1.1	OCME	- CHILDREN		>	-	
TO NAME AND ADDRESS OF PERSONAN	30. JAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JEM 27) (Hop. Print)								
Mario F. Golle,		27/100		enn Stree	t.Balt	imore	MD 2	1201	v
31. DATE FILED (Month, Day, Year)	38. REGISTRAR	S SIGNATURE			- January	and to	, w 2	TE OT	
MAY 11 1990	Julia Devi	In Bandall							

100 1 = 1

MS(0) S.C.

0.....

re ge

	¥
6,	within
RECORDS, P.O. BOX 13146,	DEDITAL OF ATTENDING DUVCICIAN. The law requires that the death partificate he executed within 24
Š	ad a
M	artificat
<u>.</u>	death c
က်	the
2	hat
000	raminae
щ.	(me)
₹	E C
5	A BI
DIVISION OF VITAL I	DUVCIC
N	OHIO
<u>S</u>	ATTENIE
\leq	00
الب	DODITAL

31. DATE FILED (Morth, Day, Year)

		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		ENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest) RICHARD PAUGH		1			2. DATE OF DEATH	7 9	EAR	ME OF DEATH
Đ		4. SOCIAL SECURITY NUMBER 215-26-7947	1 X M2□F 64	YRS.	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/14/25	v.	BIRTHPLAC Country) irgin	E (State or Foreign
2, 3 should	ECTOR	9a. FACILITY NAME (If not institution, give st ST. AGNES RESIDENCE OF DECEDENT			Baltim	OF LOCATION OF DEA	тн	9c. COUNTY	OF DEATH	
t. Pages 1,	DIREC	10a. STATE 10b. COUNTY Maryland		1,77	town on Locat				100	INSIDE CITY LIMITS? YES 2 NO
n. ansit permit.	IERAL	10e. STREET AND NUMBER 2437 Ashton Stre	et		101	21223		10g. CITIZEI	U.S.A	
103-3146 attending physician. se as the burial-transit	BY FUN	11, MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAWN II	2 NO	If yes, spi	ENDENT OF HISPANII scify Cuban, Mexican, 2 NO Specify:		es or No— 14	Black, Whi	merican Indian, Ita, atc. White
al or for u	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 11th Grade	CATION completed) College (1-4 or 5+)	(Give kind of we life. Do NOT use Truck Di	ork done during mo: retired.)	ON st of working	16b. KIND OF BU	ing Co		
be det	E COMPL	17. FATHER'S NAME (First, Middle, Last) Unknown			2702		E (First, Middle, Meide Hanelin		,	
be retained to ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) Helen L. Paugh				ond Number or Rural Ro Street Ba				
6 may ctor, pa		20a. METHOD OF DISPOSITION ©∑Buriel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donation 6 ☐ Other (Specify)	oval from Stata	PLACE OF DISPOSI other place) Loudon Pa	ark Ceme	tery	Ва	ocation — ch		
death. Pe funeral		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A. M	les	Hubba	or ADDRESS OF FAC ord Funera Wilkens	al Home,		, MD	21229
24 flours filled in the		23. PART i. Enter the diseases, or one shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused List only one cause on as Different Due to (or as a	nch Ilna.			es cardiec or res	piratory arres	7	Approximate interval Batween Onset and Daath
be execute clan and co or to buria	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO FOR AS A	CONSEQUENCE OF):					
15, P.O. BO the death certificate the attending physical if Mental Hygiene pri	CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
equires that the en signed by the of Health and M chaws any injury	MEDICAL	PART II. Other significant condition	s contributing to death be	ut not resulting in	the underlying	g cause given in F		IN AUTOPSY DRMED? 2 NO	COM OF E	E AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
law law bept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che				
○ 美語章 S		1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 XInpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	RURY AT DRK? YES 2 NO	3 Other (Specify) 28d, DEŞCRIBE HOW	INJURY OCCUI	RED	
After death	red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st			26f. LOCATION (Stree City or Town, Stat	of and Number or te)	Rural Route	Number,
DIN TAL OR AL DIRE 72 hour	COMPLETE	(ontoon only	CIAN: To the best of my knowl R: On the basis of examination							i manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: 11	96	29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUM	BER		19/90	nth, Day, Year)
	ТО	30. NAME AND ADDRESS OF PERSON WH	St. Agnes l			more, Mai	ryland 2	1229		

32 REGISTRAD'S SIGNATURE Julia Davidson Handell

41 1

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

ne

	1 - FOR STATE OF MARYLAND / DEPARTI STATE CERTIFIC	MENT OF HEALTH AND MEATE OF DEATH	MENTAL HYGIENE REG. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
•	Charlotte Platt		MONTH DAY	90 5.25pm
		F UNDER 1 YEAR IF UNDER 24 HRS,	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	2189 9-30+9-142	OHTHS DAYS HOURS MIN.	(Month, Dey, Year) 10/5/10	Country) NEW YORK
	9e. FACILITY NAME (If not institution, give street end number)	b. CITY, TOWN OR LOCATION OF DE		NTY OF DEATH
œ				
DIRECTOR	Church Hospital Corporation	Baltimore (lity	
Ĕ		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
5	MD. B	altimoro Cita	7	1 YES 2 NO
4	10e. STREET AND NUMBER	altimore City	10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	1801 Wenthworth RD	21234		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		14. RACE — American Indian,
	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexican 1 YES 2 X NO Specify		Black, White, atc. Specify:
B	3 Wildowed 4 Divorced	1		WHITE
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S US (Specify only highest grade completed) (Give kind of wor	WAL OCCUPATION k done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	atired.)		
릴	12 yrs. 4yrs. RET. SC	CIAL WORKER	DEPT. OF SOC	CIAL SERVICES
ő	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Meiden Surname)	
	JAMES PLATT			
BE		DDRESS (Street and Number or Rural F	Route Number, City or Town, State, Zij	p Gode)
유	MRS. DONNA DOUGHERTY (niece) 13 Cor	gressional Cour	rt. Baltimore.	Md. 21220
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSIT	ION (Name of cemetery, crematory or		City or Town, State
	1 Burial 2 Cremation 3 Removal from State other piece)			
		22. NAME AND ADDRESS OF FA	CILITY	
	21. SIGNATURE OF FUNESAL BERVICE LICENSEE			
	I January Medille		BOARD, BALTO.	
	23. PART LÉnter the diseases/ or complications that caused the death. Do no shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hepa	. 14	reat, Approximate Interval Batween Onset and Death
_	DUE TO (OR AS A CONSEQUENCE OF):	Lutitie A		
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF)	000000		
Ϋ́	if any, lasding to immediata cause. Enter UNDERLYING			
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):			
F	resulting in death) LAST			
¥.	PART II. Other significent conditions contributing to death but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO
8			1 YES 2 NO	OF DEATH?
M				1 TES 2 NO
ä				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATH (Ch	eck only one)	
/Si		□ Nursing Home 5 □ Residence	6 Other (Specify)	
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year)	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OF	CCURED
D BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	set, factory, office	281. LOCATION (Street end Number City or Town, State)	er or Rural Route Number,
ETE.	4 Homicide determined			
COMPLETED	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation,			
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	MBER 29d. DA	TE SIGNED (Month, Day, Year)
BE	KA KINNU COMODI	2/	1	17/00
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type,	rint)		11-10
	Beena Nagpal MD.Church Hosp	ital 100 Br	oadway 21231	-
	31. DATE FILED (Month, Day, Year) MAY 1 1 1990 July Davidson-Rondon			

CET -1 Do

5

.

.

- - -

8

3. TIME OF DEATH

1 -

	ı
13146,	
BOX	
. P.O.	
RECORDS,	
OF VITAL	
NOISIAI	

1. DECEDENT'S NAME (First, Middle, Leel) Thomas ALL LUS 12:25 P. M Sr. 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Dhy, Year) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Maryland 217-32-9912 HOURS 74 1 XM 2 | F use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Homewood South Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. Baltimore 1X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3520 Hilton Road 21215 USA after death. Page 6 may be retained by the hospital or attending physician. 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried 1 YES 2 NO Specify: BY White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during m life. Do NOT use retired.) JQ. Elementary/Secondary (0-12) College (1-4 or 5+) the funeral director, page 5 should be detached Self-employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Joseph Paulus Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7506 Marks Ave. Baltimore John Thomas Paulus Jr. 21236 MAryland pe 20s. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Denetion 3 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, State must Metro Crematory Inc. BAltimore Md. 22. NAME AND ADDRESS OF FACILITY examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE ConnellyFuneralHome 300MAceAve. 21221 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. attending physician and completely filled in by i Approximata interval Batween Onset and Death **IMMEDIATE CAUSE (Final** EPTICEMIA the disease or condition reaulting in death) event, executed traumatic CERTIFICATION Sequantielly list conditions, FAILURE if any, leading to immediate cause. Enter UNDERLYING the death certificate other t CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 signed by the atter Health and Mental TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or flem 23 shows any Injury, MEDICAL PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY HOSPITAL DR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

Chark ank.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER houvalit, m. D D16306 23 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOMEWOOD HOSPITAL CENTER CHOLIVALIT, M.D. Que 32 PEGISTAANS SIGNATU DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

41.12 L. 46

Viria 7.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

		FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH A	ND MENTAL HYGIENI REG. NO.	E
		1. DECEDENT'S NAME (First, Middle, Last)	Alice E.	Powe	ll	2. DATE OF DEATH MONTH 5	10 90 6:18 A M
		4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F		UNDER 1 YEAR IF UNDER 24 ITHS DAYS HOURS	HRS. 7. DATE OF BIRTH (Month, Day, Mar)	(e. BIRTHPLACE (State or Foreign Country)
2, 3 should	ECTOR	90. FACILITY NAME (If not institution, give	etreerend number)	96.	Baltinson	OF DEATH	Bellimore City
Pages 1,	DIRECT	10a, STATE 10b, COUNT	ry	10± CITH, TO	OWN OR LOCATION	City	18d. Institute city Light 157 1 XYES 2 NO
burial-transit permit.	ERAL	10s. STREET AND NUMBER	Fagett	e st	101. ZIP CODE	5421	10g. CITIZEN OF WHAT COUNTRY?
the the	BY FUN	11. MARITAL STATUS 1 Nover Married 2 Merried 3 Nover Married 4 Divorced	12. WAS SECOND EVER IN FORCES 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cuban,	HISPANIC ORIGIN? (Specify Yea Mexican, Puerto Rican, etc.) Specify:	or No- 14. HACE - American Indian, Mack, White-ett.
r use as	ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16e. OECEDENT'S USU (Give kind of work Iffe. Do NOT use ret	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY
detached for once.	COMPLI	12th GRADE	College (1-4 or 5+)	HOUSEKE			
8 K	BE CC	FRED TYRE				R'S NAME (First, Middle, Meiden : RER STEWAR	
e 5 should notified	10	19a, INFORMANT'S NAME (Types/Print) MARY CLANTON		196. MAJLING ADI		TREET. LAN	n, State, Zip Code) IDOVER, MD. 2078
ector, page must be		20e, METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Res 4 Donation 5 Other (Specify)	noval from Stata	other place)	N (Name of cometery, cremet		CATION City or Town, State . AUREL, MD.
e funeral director, I. examiner mus		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS	OF FACILITY	
e = e		23. PART I. Enter the diseases, or	complications that course	the death. Do not		RCH F.H. 11	
cremation, c		ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Prento	og meauence or:			Interval Between Onset and Death
ending physician and Hygiene prior to bur or other traumativ	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Septie	COMBEQUENCE OF	failure L.		
as been signed by the Dept. of Health and Me 23 shows any Inju	MEDICAL	PART II. Other algorificant condition	na contributing to death by	ut not resulting in the	has	PERFOR	
rtificate h he State [or item	HYSICIAN:	1 YES 2 HO	HOMPITAL:		THER: Nursing Home 5 3 Resi	TH (Check unity and) dence # Other (Specify)	
S E S	ву РН	27. MANHER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Ste. DATE OF HEALINY (Morth, Day, Year)	28b. TIME OF	M 1 YES 2	28d. DESCRIBE HOW IN	AJURY OCCURED
after d	ETED E	3 Guicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUSY building, etc. (Spec	— At home, farm, stree (fy)	K, factory, office	28f. LOCATION (Timer a City or Town, State)	and Number or Flural Haute Number
N -	COMPLE	one)	SICIAN: To the best of my knowl				nner as stated.
TO THE FUNERAL be filed within 72 P	BE CO	296. SIGNATURE AND TITLE OF CENTIES		Tedical		SE NUMBER	29d. DATE SIGNED (Mogth, Day, Valle)
De de la la la la la la la la la la la la la	10 8	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type, Fri	File D	57114	5/10/18.
		SONY CHOL	CHON M.D. 32/ REGISTEMAN'S SIGN.	DICO L	thatty He	ghts Ave,	Balto, 70 7/ 215

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--	--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DE	ATN DAY	YEAR	3. TIME OF DEATH
	1111	5. SEX 6. AGE (In vi	rs. lest birthdey) IF U	NOER 1 YEAR IF	UNOER 24 HRS.	7. DATE OF BIR	8 9	O	PLACE (State or Foreign
	0	1 PM 2 DF	7 YRS. MONTH		URS MIN.	(Month, Day,	22 22	Countr	(GIDIA
E I	P. N.S. & COURS H	et and number) 0 5 PI FAI	900	A H	CATION OF DE	ATH	9c. COL	INTY OF D	EATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CUTY TOW	VN OR LOCATION					10d. INSIDE CITY
DIRECTOR	MD.		BA	Homer	8				LIMITS?
FUNERAL	823 N. Ber	talastre.	+	101, ZIP	2/2/1	0		S.	VHAT COUNTRY?
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE:	NO	13. WAS DECEND If yes, specify 1 TES 2	Guban, Maxicas	, Puerto Ricen,		14. RACE Black Speci	American Indian, c, White, etc.
D BY	3 Widowed 4 Divorced 15, DECEDENT'S EDUCA	TION 16	a. DECEDENT'S USUA	L OCCUPATION	`	18b KIND	OF BUSINESS/IN	DUSTRY	plack
COMPLETED	(Specify only highest grade or Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use retin	one during most of	worlding	1/11	S L	1 /	las I Nat
OME	17. FATNER'S NAME (First, Middle, Lest)	2	CAST	DG [U]	MOTNER'S NAI	ME (First, Middle,	Maiden Surname)	Mu	Chelle I was
BEC	Lee (romwell			Tu	nt	RI	nodi	as
TO B	19a. INFORMANT'S NAME (Type/Print)	alaa	19b. MAILING ADDR	RESS (Street and N	lumber or Rural F	loute Number, City	or Town, State, Z	ip Code)	1/1 2/2
	200 METHOD OF DISPOSITION		LACE OF DISPOSITION	(Name of cemeter	v. crematory or	.St.	20c. LOCATION -	- City or Te	of MID OVO
	1 Buriat 2 Cremation 3 Remov	ral from State of	mb A	lat M	94 P	VC.	Laur	el,	MD
	21. SIGNATURE OF FINERAL SERVICE LICE	NSEE / A AM		22. NAME AND A	DORESS OF FA	F WE	57	V	
	23. PART I. Enter the diseases, Dr co	emplications that caused the	na death. Do not er	ter the mode	of dying, suci	n as cardiac D	r respiratory a	rrest,	Approximate
		lat only one cause on each		200		Þ			Intarval Between Onset and Daath
	resulting in death) a.	DUE TO (OR AS A CO	ONSEQUENCE OF	01	1	-00	. 01		
NO	Sequentially ilst conditions,	ALVER DUE TO (OR AS A CO	LLACED	Cash	Mose	Thy so	the Ch	1	
CAT	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury					//			
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
	d.								+
PHYSICIAN: MEDICAL	PART ii. Other algnificant conditions	contributing to death but	not reaulting in the	a undarlying ca	iuse givan in		WAS AN AUTOPSY PERFORMED? YES 2 NO	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC						_			1 YES 2 NO
Ä.	25. WAS CASE REFERRED TO MEDICAL				05.05.50.00				
SICI	EXAMINER?	HOSPITAL:		HER: Nursing Home	OF DEATH (Ch		olfv)		
ЭНХ	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?	AT		E HOW INJURY O	CCURED	
2 Accident Investigation M 1 YES 2 NO								<u> </u>	
						er or Rural	Route Number,		
COMPLETED	one)	IAN: To the best of my knowled							a) and manner as stated.
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER	1 000	0		c. LICENSE NUI				(Minty-Ogy, Year)
m	Honoscon Na	ofulch,	W.N.	Ĺ)-213	170	•	2/0	1/90
TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUGE OF DEATH	N (ITEM 27) (Type, Print)					
	31. DATE PRIMARY 193990	Fiche Devider	Findelle.						

Fills, ...

ğ

page 5 should be detached

TOH-

2	E 9	ctor,	SILI
Σ	Page	dire	ler I
BALLIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 m	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner musi
2	ter de	the f	al ex
	rs aft	remo	dica
ı	00	ed ir	E
	n 2	ily fill ation	the
Ď	with	rem	/ent,
3	urted	rial.	5
7	exec	and or	mati
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e pe	sician irior	neug
Ď	ificat	phy ene	her
o	cert	Hygir	10 1
7	death	afte	7,
2	the	y the	를
Ę	that	th an	any
3	uires	sign	34.8
2	A red	t, of	Sh
4	e lav	has	1 23
_	Ë	State	Tel
>	ICIA	the	0
5	SHYS	with with	ked
Z	ING I	ther	E
2	ENO.	DR: A	8 18
5	TA A	RECTI	m 2
	L 06	L Dif	Ite
	SPITA	VERA	=
	오	E #	TAN
	王	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	0
	E	2 8	=

Gelsimo A. Cruz MD.

10/49/1

31. DATE FILEQ (Month, Day, Year)

Z

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY 1990 **JAMES** MAY 10 NMN RIES 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 📝 M 2 🗌 F YRS. 212-26-9130 59 June 29 1930 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 220 Lincoln Ave. S.W. Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY 1 - YES 2 ND Maryland Anne Arundel Glen Burnie FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 220 Lincoln Ave. S.W. 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 √ YES 2 ND IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Merried 2 X Merried B 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 16b. KIND DF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondery (0-12) College (1-4 or 5+) 12th None Fireman Ft. Meade Fire Dept. 17. FATHER'S NAME (First, Middle, Last) Casper ၽ Ries Lula BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Christine 406 Delmar Ave., Glen Burnie, Md. 21061 Hayden Pe 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must Crownsville, Maryland 4 Donation 5 Other (Specify) Maryland Veterans Cemetery 21. SIGNATURE OF FUNERAL SERVICE MICENSEE 22. NAME AND ADDRESS OF FACILITY examiner SINGLETON FUNERAL HOME SECOND AVE.S.W., GLEN BURNIE, MD 21061 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart failure. List only one ceuse on sech line. interval Between Onset and Death the disease or condition My OCARDION INFARCTIO event. resulting in desth) traumatic (CERTIFICATION Sequentleily list conditions. DUE TO (OR AS A CONSEDUENCE DE): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES ZOND 1 YES 24 ND PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem 1-YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) ö 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 99 8 Could not be COMPLETED DIRECTOR: hours after Item 28 is 4 Homicide If Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 296. SIGNATURE AND TITLE DF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER B 5/10/90 8616-3 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

300 Hospital Drive, Suite 230, Glen Burnie, Maryland

Julia Nevidran Randall

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

EIT	221	JOSEPH	3	まなの今日
		3957		w 0331 V
SUR	100		8	05318170127
m m		A 4 3 15 15 1		

P. S. D. B.

	Jose	nh J	1	RITT	FR		2. DATE MONT May	of DEATH 7, 199	'n	YEAR	3. TIME OF DEATH 11:05
SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yes. In	nd beliebedmed	IF UNDER 1 YEA		34 1404	_	OF BIRTH		e BIOTH	PLACE (State or Foreign
	1X M 2 F	83		MONTHS DAY		MIN,	(Mont	h, Day, Year)		Country	
<u> </u>	60 12 /		Tha.	<u> </u>				-19-06	9c. COUNT		Md.
e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOW	N OR LOCATI	ON OF DI	EATH				
Franklin Square Ho	osp.								вант	cimo	re County
0e. STATE 10b. COUNTY			10c. CITY	r, TOWN OR LO	CATION					Т	10d. INSIDE CITY
3/1			1								LIMITS?
Md.	•			Balto.	10f. ZIP COD	F			10= CITIZ	EN OF W	HAT COUNTRY?
									10g. G112		
5959 Benton Heigh						1206				US	
1, MARITAL STATUS Never Married 2 X Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF			specify Cub			t? (Specify Yea Rican, etc.)	or No-	Black	- American Indian, White, stc.
Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		101	ES 2 X NO	Specif	y:			Specif	y:White
15. DECEDENT'S EDUCA		L 40 - 81						WWW 07 0110	1	10701	
(Specify only highest grade of	ompleted)	1 (6	ECEDENT'S Sive kind of v a. Do NOT us	USUAL OCCUP	most of work	ng	162	. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	·)]							F1 -		
8			Retir	ed				Vestern		ctri	С
7. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First,	Middle, Malden S	Surname)		
John Ritter								itchel			- 54
9a. INFORMANT'S NAME (Type/Print)		19	b, MAILING	ADDRESS (Stre	et and Numbe	r or Flural	Route Num	ber, City or Town	, State, Zip (Code)	
Rose R. Ritter			<u>595</u> 9	Bento	n Hei	hts	Ave	Balto	. Mo	d. 2	1206
Op. METHOD OF DISPOSITION		20b. PLACE other p		SITION (Name of	cometery, cre	matory or		20c. LOC	CATION — C	Ity or To	wn, State
Buriel 2 Cremation 3 Remov	val from State			d Cem.				E	alto.	. M	d.
1. SIGNATURE OF FUNERAL SERVICE UCE	NSEE				AND ADDR						
	1)_			n C. 1						
par d	14/19	-		641	5 Bel:	air 1	Rd. I	Balto.,	Md.	212	.06
		red Abde		r):							!
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO	(OR AS A CONSE	QUENCE O								
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSE	EQUENCE OF	F):	ying cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDS MARIABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO	(OR AS A CONSE	EQUENCE OF	r): in the underf	ying cause			PERFOR	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions IS. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO	(OR AS A CONSE	equence of	F): in the underl	, PLACE OF	DEATH (C	heck only o	PERFOR 1 YES 2	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions IS. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	DUE TO DUE TO Contributing to	(OR AS A CONSE	equence of resulting	in the underl	, PLACE OF	DEATH (C	heck only o	PERFOR 1 YES 2	MED? ∭ NO		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DUE TO Contributing to	(OR AS A CONSE	equence of resulting	OTHER: 4 Nursing E OF 28c.	I. PLACE OF	DEATH (C/	heck only o	PERFOR 1 YES 2 ne)	MED? ∭ NO		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
of eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO DUE TO Contributing to HOSPITAL: I Inpetient 2 28a DATE OF (Month, L.) 28a PLACE (C.)	(OR AS A CONSE	resulting 3 DOA 286. TIM	OTHER: 4 Nursing I	I. PLACE OF Home 5 F INJURY AT WORK? YES 2	DEATH (C/	6 Oth	PERFOR 1 YES 2 ne)	MED? N NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	resulting Topological Doal The Doa	OTHER: 4 Nursing E OF 28c. JURY 1 street, fectory, or	I. PLACE OF 5 FINJURY AT WORK? YES 2 dete and place	DEATH (Cr	6 Oth 28d. DE 28f. LOC	PERFOR 1 VES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	MED? NURY OCC Ind Number in a state	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificant conditions PART II.	DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	resulting Topological Doal The Doa	OTHER: 4 Nursing E OF 28c. JURY 1 street, fectory, or	I. PLACE OF Flore	DEATH (Cr	6 Oth 28d. DE 28f. LO C/l)	PERFOR 1 VES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	MED? NURY OCC and Number as stated due to the	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE, Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	resulting Topological Doal The Doa	OTHER: 4 Nursing E OF 28c. JURY 1 street, fectory, or	I. PLACE OF FINJURY AT WORK? YES 2 Wiffice Set and place Get and pla	DEATH (Cr tesidence NO	6 Oth 28d. DE 28f. LO City a to the ca	PERFOR 1 VES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	MED? NURY OCC and Number as stated due to the	or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE, Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A CONSE (OR AS A CONSE	resulting 3 □ DOA 28b. TIM IN. Jome, farm, Investigation	OTHER: 4 Nursing I Street, factory, or at the time, on, in my opinion	INJURY AT WORK? VES 2 Viffice 29c. Lic	DEATH (CI tesidence No e, and du ured at the	beck only of Oth 28d. DE 28f. LOC/l) a to the case time, dat	PERFOR 1 VES 2 Per (Specify) SCRIBE HOW II CATION (Street a or lown, State)	MED? NURY OCC and Number as stated due to the	or Rural F	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,

THEFT FOR

. .

10

673	HE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	APORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR.	IMPORTANT: If Item 28

							9	0	12779
	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		IENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Modile, Last)	ial Ro	dins	N		2. DATE OF DEATH	MY 0 9	3. T	TIME OF DEATH O
	4. SOCIAL SECURITY NUMBER 237-03-1465	5. SEX 8. AGE	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 1,		Country)	CE (State or Foreign Carolina
TOR	98. FACILITY NAME (If not institution, give str. MCCLLON ROLL RESIDENCE OF DECEDENT	eet and number) ndallexto	wn	Baltim	Ore		9c. COUNT		
DIRECTOR	10a. STATE 10b. COUNTY Maryland			r, town on Loca altimore					d. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	10e. STREET AND NUMBER 6928 Digby Road			10	21207		1	N OF WHAT	T COUNTRY?
BY	1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPANI acity Cuban, Maxican 2 NO Specify:		s or No 1	Black, Wi	American Indian, hite, etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) Elementary	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of ville. Do NOT us	vork done during mo e retired.)		186, KIND OF BU	JSINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Alexander	Robinson			Mary Sa				
0	19a. INFORMANT'S NAME (Type/Print) William Robinson		100			oute Number, City or To imore, Mai		212	:07
	20e METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Remo 4 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State	Cob. PLACE DF DISPOSE Other place) Garrison	Forest 22. NAME A 2501	Veteran (Cem. Bai		e Cou	inty, MD
	23. PARTA. Entar the diseases, or combook, or head failure. Limited in the combon of t	omplications that cause on list only one cause on	each line.					it,	Approximate interval Between Onset and Deati
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUÉ TỐ (OR AS	A CONSEDUENCE D	F):	alre				
MEDICAL	PART II. Other algoriticent conditions	contributing to deeth	but not resulting	in the underlyin	g cause given in i		RMED?	AM CO OF	FRE AUTOPSY FINDINGS MILABLE PRIOR TO MIPLETION OF CAUSE F DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	ock only one)			
PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/O 28a. DATE DF INJUR (Month, Day Year)	Y 28b. TIN	4 Nursing Hor IE OF 28c, IN JURY W	JURY AT DRK?	6 Other (Specify) 28d. DESCRIBE HDW	INJURY OCCL	RED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida detarmined	28e. PLACE OF INJU building, atc. (S	IRY — At home, ferm, pecify)		YES 2 ND	281. LOCATION (Stree City or Town, State	t and Number o	Rural Rout	e Number,
COMPLE	cont only	CIAN: To the best of my kn							nd manner as stated.
B	296. SIGNATURÉ AND TITLE DE CERTIFIER	3641	A		29c, LICENSE NUM	BER Z	29d. DATE	SIGNED (M	onth, Pay, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	30B 7	1220	Par	le Heij	intsh	VC 2	-120	8
	31. DATE MAY 1 1 1990	32. REGISTRAN'S SI	CNATURE		0			-	

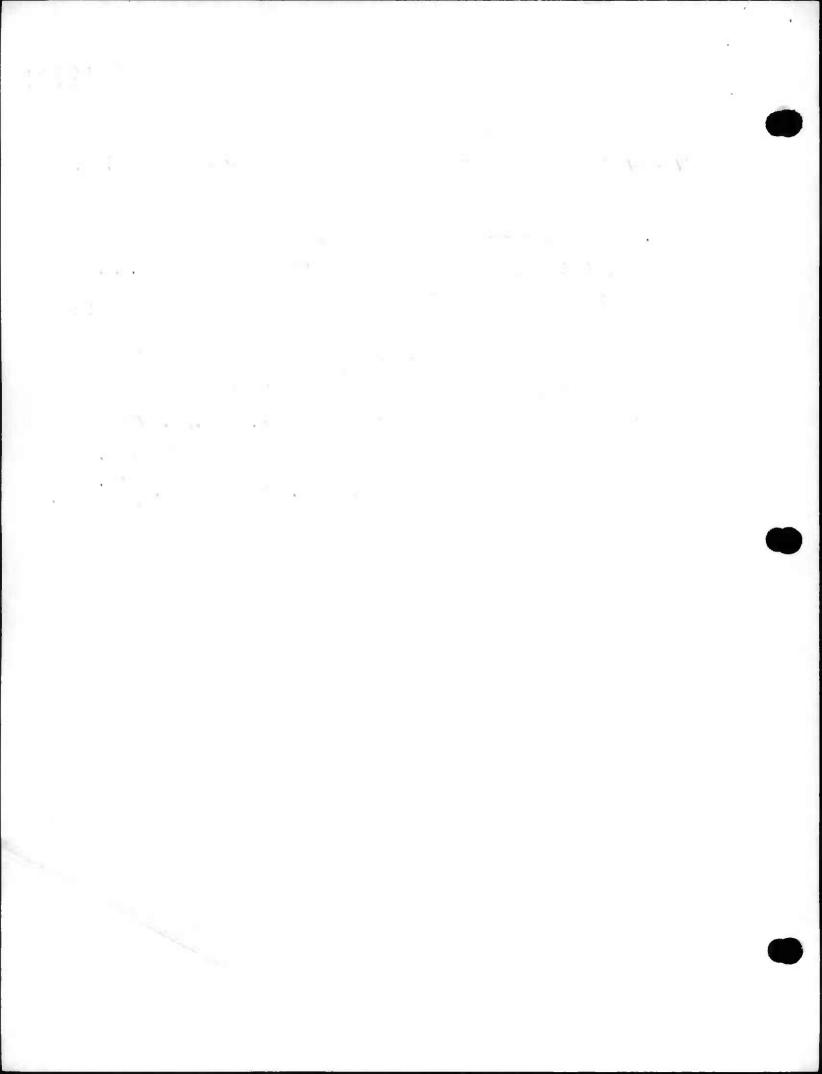
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		ENTAL HYGIENE REG. NO.	20	12700			
		1. DECEDENT'S NAME (First, Middle, Last)	C** .			2. DATE OF DEATH DAY	VEAD	3. TIME OF DEATH			
	Ì	Edna .	SMITH			5 9	90	11:00 1"			
		4. SOCIAL SECURITY NUMBER 217-30-377/A	5. SEX 6. AGE (In yrs. le	YRS. F UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year) 10-26-0	3 6. BIRT Coun	HPLACE (State or Foreign			
, 3 should	OR	Se. FACILITY NAME (If not institution, give st	reet and number)		WN OR LOCATION OF DEA		Be. COUNTY OF I	DEATH CO.			
s 1, 2,	ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TOWN OR LA				10d. INSIDE CITY			
permit. Pages	DIRE	MD.		BALTIMORE				LIMITS?			
permit	ERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
an. ransit	NEF	4101½ OLD YORK RD			21218		U.S.A.				
be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit re notified at once.	BY FUN	11. MARITAL STATUS 12. Never Married 2 Married 2 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPANI is, specify Cuban, Mexican, YES 2 M NO Specify:		Special BLAC				
use as	CD CD	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16e. D.	ECEDENT'S USUAL OCCUI		16b. KIND OF BUSI	NESS/INDUSTRY				
fal or	LET	Elementary/Secondary (0-12)	College (1-4 or 6+)	a. Do NOT use retired.)							
the hospital detached once.	COMPI	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle, Maiden S	umama)				
be de	C	JOHN SMITH			DAISEY		,				
5 should	TO B	19a. INFORMANT'S NAME (Type/Print)	11	b. MAILING ADDRESS (St	set and Number or Rural Ac	oute Number, City or Town.	State, Zip Code)				
ay be ret page 5 s	F										
ars after death. Page 6 may in by the funeral director, pa removal.		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		OF DISPOSITION (Name of lace)	f cemetery, crematory or	20c. LOC	ATION — City or T	own, Stata			
Page I direc		4 Constion 5 Other (Specify)	CENSEE A	0 (%) 22. NAN	E AND ADDRESS OF FAC	ILITY					
ter death. Page 6 m the funeral director, oval.		* Admilled	11/1/20037	940 22. NAM STA	TE ANATOMY	BOARD, BA	LTO., MI	21201			
n by the removal.		23. PART Enter the disasses, or o	complications that caused the d					Approximate			
filled on, or		ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Gastro · T	Intesti	nal	Bleed	ina	Interval Between Onset and Death			
executed and correct to burial, matic ev	TION	Sequentially list conditions, if any, leading to immediate	ATENO SE DUE TO (OR AS A CONSI	lerotic	cardio.	Vaspula	r Dis	inse			
the death certificate be of the attending physician d Mental Hygiene prior ti injury, or other traur	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST									
the death y the atten d Mental injury, o		PART ii Other elgoificent condition	ne contributing to death but not	requiting in the under	fuino causa aluma in E	Dert I 24- MBD AN A	urmaev 1	- WEDE ALITORIEV ENIDANCE			
ATTENDING PHYSICIAN: The law requires that the ECTOR: After this certificate has been signed by if s after death with the State Dept. of Health and N 28 is marked, or item 23 shows any inj	MEDICAL	PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			BI ACE OF DEATH ACL	oh ook oool					
N: The ficate h State (PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	Home 5 Residence						
SICIAN: The certificate in the State	Н	27, MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME OF 28	. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED				
NG PHYS fter this ceath with marked	>	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M 1	WORK?						
OR ATTENDING I DIRECTOR: After hours after death Item 28 is mai	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, atc. (Specify)	ome, farm, street, factory,	office	281. LOCATION (Street as City or Town, State)	nd Number or Flure	Route Number,			
TO THE HOSPITAL OR A TO THE FUNERAL DIRECT be filed within 72 hours IMPORTANT: If Item	COMPLE	one)	ICIAN: To the best of my knowledge, of					(a) and manner as stated.			
THE HOR THE FUN filed with	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Cleyand	erro	29c. LICENSE NUM	9ER 087	29d. DATE SIGNE	O (Month, Day, Year)			
FFA	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (IT	EM 27) (Type, Print)	1	111 5	17	n. 1			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1300 Ju	laney.	ally th	1 101	son. Ind			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should)
age 5 should be detached ft		be notified at once.
I in by the funeral director, p.	y removal.	nedical examiner must
ohysician and completely filled	we prior to bunial, cremation, o	er traumatic event, the r
this certificate has been signed by the attending p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIRECTOR; After this certificate I	hours after death with the State	MPORTANT: If Item 28 is marked, or item
TO THE FUNERAL	De filed within 72	IMPORTANT: If

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF I	IEALTH AND I	MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	ise Jane	Smith	UNDER 1 YEAR	IF UNDER 24 HRS.	5-3-90	Ter	7:35AM M BIRTHPLACE (State or Foreign	
214-44-1653	1 - M 2 XF 4		NTHS DAYS	HOURS MIN.	(Month, Day, Year)		Tenn.	
99. FACILITY NAME (If not institution, give	street end number)	96		OR LOCATION OF DI		9c. COUNTY		
5501 O'Donnell S	ot. Cut Off/F	ort Truck	Balt	imore Ci	ty			
10e. STATE 10b. COUNT	Υ		OWN OR LOCA				10d. INSIDE CITY LIMITS?	
Md	***************************************		Baltim				1 🔀 YES 2 🗌 NO	
100. STREET AND NUMBER (avendi	sh Way		10	21224			U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 1 VES 2 NO Specify Cuben, Mexican, Puerio Rican, etc.) 1 VES 2 NO Specify: 1 VES 2 NO Specify: 1 VES 2 NO Specify:								
15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S USI	done during m	ON ost of working	16b. KIND OF E	USINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Seams	itired.)		00	y (Lean	ino	
17. FATHER'S NAME (First, Middle, Lest)		Jeuro	N GESSS	18. MOTHER'S NA	AME (First, Middle, Meid		<u> </u>	
Edward Conat	ser				ie Murray			
190. INFORMANT'S NAME (Type/Print) (ynthia Johnston	n	196. MAILING AD 7447 B.	is cayn	e Bay Bl	Poute Number, City or 1	own, State Zip Co., Md. 2	1220	
20a. METHOD OF DISPOSITION 1 💢 Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITH	ON (Name of ce	motory, cromatory or el (emet	ery B	ocation - chy	or Town, State	
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	-					901 S. Conkling St.	
Sequentially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Land aspirat	XXXXXXXXXXX	to ab	domen an	d strangu	multipl lation	e stab wounds and ingestion	
PART II. Other significent condition	d	but not resulting in t	the underlying	ng Couse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
					XX\ O XYES	2 🗍 NO	COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)			
DOXXX 2 □ NO	1 Inpetient 2 ER/Ou	tpatient 3 DOA 4	☐ Nursing Ho		8 State (Specify)	Scer		
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	UKN Day, Year)	UKN UKN	YW	JURY AT ORK? YES 2 ANO	Subject strangle	beaten,	stabbed & ced to ingest	
3 Suicide 8 Could not be	26s. PLACE OF INJUE	IY — At home, farm, streecily)		_	28f. LOCATION (Stre City or Town, Str	et and Number or ite)	Rural Route Numbrydrocal	
296. CERTIFIER (Check ghly) 1 CERTIFYING PHYS	SICIAN: To the best of my kno		at the time, dar		Baltimore a to the cause(s) and	nanner ea stafed.	parking lot:	
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IGNED (Month, Day, Year)	
4	\sim			OCME		•	5-4-90	
James Kaplan,MD				reet,Bal	ltimore,MI	21201	VC	
31. DATE FILED (Month, Day, Year) MAY 1 1 1000	32. REGISTRAR'S SIG							



TO BE COMPLETED BY FUNERAL DIRECTOR

	,
_	
10	
4	
13146,	
_	
m	
-	
×	
O	
m	
O	
P.O. BOX	
О.	
_	
- 85	
(1)	
97	
~	
-	
RECORDS	
_	
()	
_	
ш	
CY"	
_	
100	
OF VITAL	
_	
UL.	
$\overline{}$	
\circ	
7	
=	
DIVISION	
=	
10	
W)	
>	
-	
\circ	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a safter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Lest) Helen J. St	oner				2. DATE OF DEATH DA	to a	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-22-8456			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/2/28		SHITHPLACE (State or Foreign Country) 2 // Country
	treet and number) o. Ho spital			LOCATION OF DE		sc. COUNTY Wash	of DEATH Ington
10a. STATE 10b. COUNT Maryand Was	hington		OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1. TES 2 NO
100. STREET AND NUMBER	Ave			21740		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 D-Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	DNO		Ify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: Lot 14 C
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	an area francis	Give kind of work life. Do NOT use rel			16b. KIND OF BUS		RY
17. FATHER'S NAME (First, Middle, Last) Tohn Wilson Lie				18, MOTHER'S NA	ME (First, Middle, Melden	Surname)	traitiss
190. INFORMANT'S NAME (Typo/Print) Raffel K'i mmel		196. MAILING ADI	DRESS (Street an	Number or Aural I	Hagersto	n, State, Zip Coo	nd 21740
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State oth	ACE OF DISPOSITION Place)				CATION City	or Town, State
21. SIGNATURE OF FUNEDAL SERVICE LI	Made	10.91		ANATOMY	BOARD, BA	LTO., I	MD. 21201
IMMEDIATE CAUSE (Finel disease or condition	a. ACUTO REST	lina.		e of dying, such	haa cardiac or reapi	raiory arreat	Approximate interval Between Onset and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):	PULM	es NAZ	DISONE		YOMY
PART II. Other significant condition	a contributing to deeth but r	not reaulting in ti	he undarlying	cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Ch			
27. MANNER OF DEATH 1 Asturel 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOF	RY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	EO
2 Accident 3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Specify)	At home, farm, stree	et, factory, office		28f. LOCATION (Street of City or Town, State)	and Number or f	Rural Route Number,
000)	ICIAN: To the best of my knowledg						suse(s) and manner se stated.
286. SIGNATURE AND TITLE OF CERTIFIE	~ D			29c, LICENSE NUI	MBER 40		GNED (Month, Day, Year) -08-90
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH	* * * * * * * * * * * * * * * * * * * *		T Has	- (700 JA)	76	21740
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU		J)	, MA VE	1010000		

3. TIME OF DEATH

10d. INSIDE CITY 1 XXYES 2 NO

MD 21133 Approximate Interval Between **Onset and Death**

5 DAYS

5 YEARS

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Your)

ation and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and mani-

730

BALTIMORE, MD 21204

29c. LICENSE NUMBER

9:30P 8. BIRTHPLACE (State or Foreign Maryland

14. RACE — American Indian, Black, White, etc.

FOR STATE REGISTRAR

	0	92	·	8	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e	
	SIT	l b	ref	edi	
١	hod	Pa	, 0	E	
	124	ly fill	ation	¥.	I
	ithi	lete	remi	m,	
	× p	d E	0	2	
	250	p	unia	tic	
	88	190	9	E	
	De De	icial	ņ	E	
	icate	Se de	9	-	
	jine	Du	gier	듐	
	4	pue	Î	6	
	dea	20	enta	3	
	the state	4	D N	를	
	that	P.	an I	'n	
	Se	gne	ealth	60	
	del	S De	I	ě	
	W	ě	25	80	
	6	has	8	2	
	=	ate	tate	ten	
	AN	THE PERSON	8 8	0	
	SIC	8	th th	ď.	
1	F	4	W	훈	
	ING	After	leath	Ē	
	ENO	E.	D Ja	-00	
	ATT	6	3 aft	28	
	OR	SIN O	DOUR	Fe	
١	MI	A	2	Ξ	
	SPI	NER	듩	Ë	
	HO	E	Will	TA	
	出	出	filed	20	
	2	2	2	Ξ	

COMPL

BE

2

2 MEDICAL EXAMINER: On the

GARY COHEN, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GBMC

30 REGISTRAR'S SIGNATURE

6565 N CHARLES ST

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILM (AY), D4 (1) 1990

1.

	i	1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE O	F DEATH		3.	TIME OF DEA
	- 1	MARGARET SHE	EPHARD						MONTH	05		EAR O	9:30
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. in	at birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		BIRTHPL	ACE (Stete or F
		218-03-4252	1 🗆 M 2 💢 F		78 YRS.	MONTHS	DAYS	HOURS MIN.		23/12		Country)	Maryla
3 should		9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY	TOWN (OR LOCATION OF DE		20,722	9c. COUNTY		
2.3	стов	GREATER BALT		CAL CENT	TER		TOW	SON			BAI	TIMO	ORE
Jes 1) jij		OUNTY		10c. CIT	Y, TOWN C	R LOCA	TION	10d. INSIDE				
2	DIRE	Maryland				Ва	1tin	nore				10	XXVES 2
med a	ERAL	10e. STREET AND NUMBER	_		1		10	f. ZIP CODE			10g. CITIZEI	OF WH/	T COUNTRY?
Insit	E I	5811 Simmons A	ve.					2121	5		Uni	ted	States
ial-tra	FUNE	11. MARITAL STATUS	FORGERO	NT EVER IN U.S. A				CENDENT OF HISPAN			or No- 14		American Ind
and e	ВУ Б	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced		WAR OR DATES	110			3 2 X NO Specify		cen, every	- 1	Specify:	
the state of													White
esn	ETEC	15. DECEDENT* (Specify only highes	t grade completed)	2	ECEDENT'S Sive kind of a. Do NOT u	work done	during mo	ON ost of working	16b. I	KIND OF BUS	INESS/INDUS	THY	
D D	1 - 1	Elementary/Secondary (0-12)	2 years	(+)	Arti					Self-E	mplov	ed	
detache	COMP	17. FATHER'S NAME (First, Middle, La		2 / 0020				16 MOTHER'S NA					
at de	- 1	Basil Willia	,				18. MOTHER'S NAME (First, Middle, Melden Surneme) Amelia Agnes Dietrich						
Double Bed	BE							nd Number or Rural Route Number, City or Town, Stete, Zip Code)					
5 should notified	임	Mr. Roland M. Shephard 5811 Simmons Ave. Baltimore, M									2121	5	
page l		20a. METHDD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)											
ector. p		4 □ Donation 5 □ Other (Specify) Pine Grove Cemetery Mt. Airy, MD											
al din		21. SIGNATURE DE EUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY											
tuneral dir I. examiner		Loring Byers Funeral Home 8728 Liberty Road Randallstown, MD										MD 21	
y the noval.		23. PART I. Enter the disease	s, or complications th	at caused the d	eath. Do								Approxim
or removal		shock, or heart fa	llure. List only one co					, , , , , , , , , , , , , , , , , , , ,			,	,	Interval f
the t		IMMEDIATE CAUSE (Finel disease or condition	Drice	DTD AMODE	, ADD:								Oliset al
ompletely il. cremai event,		resulting in death)	W -	PIRATORY D (OR AS A CONSI									
rial. o	- 1			AL FAILU									5 DAY
vician and c nor to buris traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate		O (OR AS A CONSI		PF):							J DA.
Siciar	SA	cause. Enter UNDERLYING	, MIII.	TIPLE MY	FLOM	AS							5 YEA
giene giene	Ĕ	CAUSE (Disease or Injury that initiated events		O (OR AS A CONSI									
Hyg or o	LUI II	resulting in death) LAST	d										
in signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, of Heatth and Mental Hygiene prior to burial, cremation, or removal. hows any injury, or other traumatic event, the medical examiner must be notified at once.	CE	PART II. Other significant cor	nditions contributing t	o death but not	resulting	In the u	nderfylr	ng cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY
and and my In	DICAL	- 83								PERFOR		0	WAILABLE PRIOR OMPLETION OF
ealth									-	1 YES 2	□ NO		F DEATH?
of H	ME								-			'	YES 2
Dept 23	SICIAN	25. WAS CASE REFERRED TO MEDI	CAL I				26. P	PLACE OF DEATH (Ch	eck only one	•}			
State		EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:						
the the	HY	27, MANNER OF DEATH	28a. DATE O		28b. TII	ME OF	28c. IN	me 5 - Residence	_	CRIBE HOW II	NJURY OCCU	RED	
this with	[]	1 Natural 5 Pendin	9	Day, Year)	IN	JURY M	W	ORK? YES 2 NO					
After death	6	2 Accident Investig	28a. PLACE	OF INJURY — At I	ome, farm,	street, fac	tory, offi	ce		TION (Street e	and Number or	Rural Roi	ite Number,
after 28 ls	밑	4 Homicide 6 Could i		g, etc. (Specify)					City o	or Town, State)			
ORECTOR: After this certificate has been hours after death with the State Dept. of Item 28 is marked, or Item 23 sho	151	29a, CENTIFIER 1 X CERTIFYING	PHYSICIAN: To the best	of my knowledge.	leath occur	red at the	time, det	te and place, and due	to the cour	se(e) end mer	mer as stated		
	1 14 1	II DOCK ODD						proved even age				-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY 1 X YES 2 | NO

14. RACE — American Indian, Black, White, atc.

8. BIRTHPLACE (State or Foreign Country) MD

10:10A M

FOR STATE REGISTRAR

1 -

2

DONALD

ļ	1. DECEDENT'S NAME (First, Middle, La JOHN		CI	ITDED					2. DATE OF D MONTH	DAY		YEAR	3. TIME OF DE
- 0.5	4, SOCIAL SECURITY NUMBER	5. SEX	,	IRED	IF UNDER	4 WEAR	IF UNDER	A4 IImh	7. DATE OF B	06		990	10:
33	218-42-7823	1 K M 2 F	45	YRS.	MONTHS	DAYS		WIN.	(Month, Day, 7-27-	Year)		Country	MD
	90. FACILITY NAME (If not institution, gir	re street end number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE			9c. COUNT		
BO	THE JOHNS	HOPKINS HO	OSPITA	L	BA	LTI	IMORE				BAI.TI	[MOR	E CITY
בַּ	RESIDENCE OF DECEDENT 10e. STATE 10e. COU				Y, TOWN O					Ŷ		T	10d. INSIDE C
DIRECTOR	MD				Balto								LIMITS?
FUNERAL	10e. STREET AND NUMBER					1	IOI. ZIP COD	E			10g. CITIZE	EN OF W	HAT COUNTRY
	4624 Manodene R						2122				USF		
R	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO If Yes, a specify Cuben, Me I ☐ YES 2 ☐ NO Sp						n, Puerto Rican,		or No— 1	Black,	- American in White, atc. Black
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	10	6a. DECEDENT'S	work done o		TION rost of working	ng	16b. KINI	D OF BUSI	NESS/INDU	STRY	
ZET	Elementary/Secondary (0-12) 12th	College (1-4 or 5 N/A	+)	carp		/ma	achini	ist					
COMPL	17. FATHER'S NAME (First, Middle, Last)	/					18. MOT	HER'S NA	ME (First, Middle	, Maiden S	Surname)		
ш	Walter Shired						Dai	sey	Waller				
10 8	19e. INFORMANT'S NAME (Type/Print)			1					Route Number, C			-	
-	LeGloria Bar		_			_			W., Ba				
	20a. METHOD OF DISPOSITION 14 Burlel 2 Cremation 3 R	emoval from State	20b. P	chace of dispo (her place) Dutus I	demor	™ of c ial	park	natory or			butus	-	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	^				AND ADDRE		CILITY	***	Ducus	, 11	D •
	. Charle	me D.	Bra	him	ノ B	row	m & T	homp	son F.	н. Р	.O. B	ox 4	1433
	23. PART i. Enter the diseasea, or complications that caused the dash. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPOTENSION												Approx Interval Onset
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other eignificant condi	•		NG7TTS		derfy	ing cause	given In		PERFORI	MED?	24b.	WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA	L				26.	PLACE OF E	DEATH (Ch	eck only one)				·
SIC	1 YES 2 ND	HOSPITAL:	☐ ER/Outpat	lent 3 🗆 DOA	4 Num		ome 5 🗆 R	esidence	8 Other (Sp.	ectfy)			
F	27. MANNER DF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF LJURY		NJURY AT WORK?	d.,	28d. DESCRIE	BE HOW IN	JURY OCC	URED	
ED BY	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE building	OF INJURY — p, atc. (Specify	- At home, farm,	street, fact			NO	281. LOCATIO City or To		nd Number o	or Rural R	oute Number,
COMPLETED	290. CERTIFIER (Check only	IYSICIAN: To the best of	of my knowled	dge, death occur	red at the t	lme, da	ate and place	e, and due	to the cause(a) and man	ner as state	d.	
OMI	one)	MINER; On the basis of											end manner
ш	PO SIGNATURE AND TITLE OF CENT	FIER	1					ENSE NU			29d. DATE	SIGNED	(Month, Day, Y
<u>B</u>	V Drald 1.	Monous	va	MO			714	+#4	4137		1	0/6/	90

32. REGISTRAR'S SIGNATURE

DERUSVA

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

600 N. WOLFE

ST.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

n, State, Zip Code) , MD 21223 CATION — City or Town, State rbutus, MD. 2.0. Box 4433 Approximate Interval Between iratory arrest, **Onset and Death** TION AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? RMED? □ NO 1 TES 2 NO NJURY OCCURED and Number or Rural Route Number, nner as stated. nd due to the ceuse(e) end manner ex stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) JM+#4913 1715 MI DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

FOR

DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Sequentially list conditions		1 - STATE REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO							
BRITCH WASHER AS A SEX BOARD AND AND AND AND AND AND AND AND A						2. DATE OF DEATH		3. TIME OF DEATH					
THE COLLECTION TO CONSIDER. 1. SET 1		Ruth Lucille SPARTAK					AY YE						
THE PROPERTY OF GLETCH AND PLANTED TO SERVICE OF CHAPT PROJECT OF CHAPT PR		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (II				7 DATE OF BIRTH		BIRTHPLACE (State or Foreign					
BALTIMOPE THE STATE OF DECEMBENT THE STATE OF DECEMB		214-18-0699 1 DM 2×2 F 69	YRS.	IONTHS DAYS	HOURS MIN.	08 19	20	N. Y.					
THE STREET AND NUMBER THE STREET AND NUMBER			9			ATH	9c. COUNTY	OF DEATH					
STREET AND HAMBERS 5.77 OLD North Point Road 12. WAS DECEDENT SUBJ. AMAZED 13. WAS DECEDENT SUBJ. DIS PARKED OF WART COUNTRY 14. MANTAL STRUTS 15. WAS DECEDENT SUBJ. DIS PARKED OF WART COUNTRY 16. NORTHER NAME OF MARTING MARTING 17. WAS DECEDENT SUBJ. DOCUMENTO 18. DE	TOR	Franklin Square Hospital		Ross	ville		Balti	nore					
STREET AND HAMBERS 5.77 OLD North Point Road 12. WAS DECEDENT SUBJ. AMAZED 13. WAS DECEDENT SUBJ. DIS PARKED OF WART COUNTRY 14. MANTAL STRUTS 15. WAS DECEDENT SUBJ. DIS PARKED OF WART COUNTRY 16. NORTHER NAME OF MARTING MARTING 17. WAS DECEDENT SUBJ. DOCUMENTO 18. DE	DIREC							LIMITS?					
TO THE SECOND BY SECOND BY THE CONTROL OF PROPERTY AND CONTROL OF SUPPLY AND CONTROL OF		1000 0 1111110 1 1 1 1 1 1 1 1 1 1 1 1		101									
The interest of the algorithms of the disease, or complications had caused the death. Do not enter the mode of dying, such as certified or respiratory arread, asset of the country of the conditions, as a condition of the cause of the death of the country of the	BY	1 Never Married 2 Married FORCES? 1 YES	2 X NO	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, 1									
TO SET SUMMERS TO DESCRIPTION 100 PART II. Other alignificant conditions, and investigation, and interest to the underlying cause given in Part I. 226. WAS CASE REFERENCE TO DECIDING 1 TO COMPLETE TO CONTROL TO THE CONTROL TO SET SUMMERS. TO PART II. 276. WAS CASE REFERENCE TO MEDICAL 276. WAS CASE REFERENCE TO THE INTEREST. TO SEASON OF	ETED	(Specify only highest grade completed)	(Give kind of wo	rk done during mo retired.)	DN st of working								
TO SET SUMMERS TO DESCRIPTION 100 PART II. Other alignificant conditions, and investigation, and interest to the underlying cause given in Part I. 226. WAS CASE REFERENCE TO DECIDING 1 TO COMPLETE TO CONTROL TO THE CONTROL TO SET SUMMERS. TO PART II. 276. WAS CASE REFERENCE TO MEDICAL 276. WAS CASE REFERENCE TO THE INTEREST. TO SEASON OF	MP	11	House	work		At H	ome						
The INCOMPANT'S NAME (From'not) The Malling ADDRESS (Times and Number of Name Story for them, State, 25 Cards) Donald Sparzak Sr.					16. MOTHER'S NA	ME (First, Middle, Melder Richardson	Sumame)						
Note		19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A 5/7 01	DDRESS (Street a	nd Number or Rural Point R	double Number, City or Tow	vn. State, Zip Co	224					
1 1 1 2 2 2 2 2 2 2				_									
NOTIFIED 23. PART II. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and or conditions) 3. Severe Chronic Obstructive Pulmonary Disease Oue To (or as a consequence or): 3. Sequentially list conditions. 3. Severe Chronic Obstructive Pulmonary Disease Oue To (or as a consequence or): Due		1 DBuriel 2 Cremetion 3 Removal from State											
NOTIFIED 23. PART II. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and or conditions) 3. Severe Chronic Obstructive Pulmonary Disease Oue To (or as a consequence or): 3. Sequentially list conditions. 3. Severe Chronic Obstructive Pulmonary Disease Oue To (or as a consequence or): Due													
ABOUT CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions. Interval Between Conset and Deat One on Deat One and Deat One and Deat One and Deat One and Deat One on Deat One and Deat One on De		► Charle D. Zelle	~	Charl	les S.Zei	Ler & Son	Inc.	Conkling St.					
MMEDIATE CAUSE (Final disease or condition and of the selection of course of the selection of course of condition and of the selection of course of the sele		23. PART I. Enter the diseases, or complications that caused shock, or heart fellure. List only one cause on a	the deeth. Do no	t enter the mo	de of dying, auc	h as cardiac or reap	elratory arreat						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 1 VES 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 VES 2 MO 28. DATE OF INJURY 28. DATE OF INJURY AT MONNY 29. DATE OF INJURY AT MONNY 29. CERTIFIER 29. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. SIGNIATURE AND TO COMPLETED CAUSE OF DEATH (TIME 27) (Type, Print) 31. DATE FILED (Monn, Day, Year) 32. REGISTRARYS SIGNATURE 29. CERTIFIER 29. LICENSE NUMBER 2		IMMEDIATE CAUSE (Final disease or condition											
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 248. WAS AN ALTOPSY PERFORMED? 1 YES 2 MO 259. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 260. THER: 270. WAS AN ALTOPSY PERFORMED? 270. WAS AN A	Z												
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 248. WAS AN ALTOPSY PERFORMED? 1 YES 2 MO 259. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 260. THER: 270. WAS AN ALTOPSY PERFORMED? 270. WAS AN A	ATIC	If any, leading to immediate											
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 248. WAS AN ALTOPSY PERFORMED? 1 YES 2 MO 259. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 260. THER: 270. WAS AN ALTOPSY PERFORMED? 270. WAS AN A	FIC	CAUSE (Disease or Injury	CONSEQUENCE OF):										
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 248. WAS AN ALTOPSY PERFORMED? 1 YES 2 MO 259. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 260. THER: 270. WAS AN ALTOPSY PERFORMED? 270. WAS AN A	E												
PERFORMED? AMAILABLE FRING TO CAUSE OF DEATH Topic Topi													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 3 Sulcide 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF DEATH (North, Dev. North Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SINNTHIA TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dev. North Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. DATE SIGNED (Month, Dev. North Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. DATE SIGNED (Month, Dev. North Investiga	ICAL	PART II. Other aignificent conditions contributing to deeth be	ut not reaulting in	the underlying	g cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 1 YES 2 NO 27. MANNER OF DEATH 1 Morth, Dey, Year) 28. DLATE OF INJURY 1 YES 2 NO 28. DLATE OF INJURY 30. DLATE SIGNED (Morth, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 28. PLACE OF DEATH (ICheck only one) 28. PLACE OF DEATH (ICheck only one) 1 YES 2 NO 28. DLATE OF INJURY 28. DLATE OF INJURY 28. DLATE OF INJURY 28. DLATE OF INJURY 30. DATE SIGNED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE						_	z igg NO						
2 Accident Suicide Suicide Suicide Suicide Accident Suicide	2					_							
2 Accident Suicide Suicide Suicide Suicide Accident Suicide	¥.			26. PL	ACE OF DEATH (Ch	eck only one)							
2 Accident Suicide Suicide Suicide Suicide Accident Suicide	SIC	HOSPITAL.			e 5 🗆 Residence	8 Other (Specify)							
2 Accident Suicide Suicide Suicide Suicide Accident Suicide	Ή		28b. TIME			28d. DESCRIBE HOW	INJURY OCCUP	ED					
3 Sulcide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number. City or Yown, State) 292. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, dasth occurred at the time, data and place, and dua to the cause(a) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and manner as stated. 296. SIGNATURE 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1 Matural 5 Pending											
296. Signature Title of Certifier 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 31. Date Filed (Month, Day, Year) 296. License number 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 298. License number 299. License number 299. License number 290. Lice	8	3 Suicide 8 Could not be 28s. PLACE OF INJURY	— At home, farm, str	reet, factory, offic	a			Rural Route Number,					
296. Signature Title of Certifier 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 31. Date Filed (Month, Day, Year) 296. License number 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 298. License number 299. License number 299. License number 290. Lice	Ľ		edge, death occurred	at the time, date	and place, and due	to the cause(s) and ma	onner es stated.						
296. Signature Title of Certifier 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 31. Date Filed (Month, Day, Year) 296. License number 296. License number 296. License number 296. License number 296. License number 297. Somethin Square Drive Baltimore, Md. 21237 298. License number 299. License number 299. License number 290. Lice	OME							suse(s) and manner as stated.					
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Denise Green. MD. 9000 Franklin Square Drive Baltimore, Md. 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	ABER	29d. DATE S	GNED (Moreth, Day, Year)					
Denise Green. MD. 9000 Franklin Square Drive Baltimore, Md. 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		174 cen			D39	270	1 5	14190					
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	Print)				· ·					
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		Denise Green, MD, 9000 Fra	nklin Sau	are Dri	ive Balti	more Md	21237						
MAY 1 1 1000 1 1: Kind a Brodage		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN.	ATURE										

gara ji

· C

Y and the second to the second

a water and the second of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a remains after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

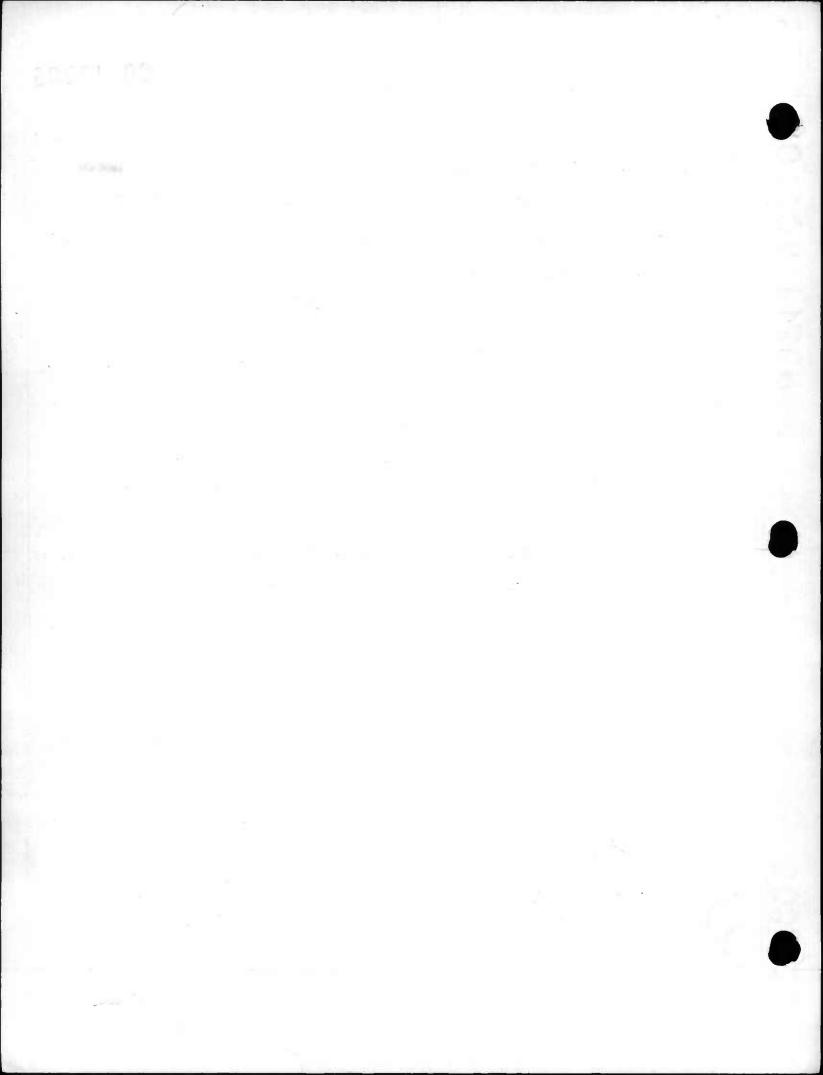
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

1	E
ı	4
ı	2
1	4
l	Ē
ı	111
L	CERTIFICA
ı	
ı	4
L	MEDICA
ľ	0
L	Ш
l	2
ı	=
L	A
ı	0
	IYSIC
ì	5
1	
ł	0
ı	LETED BY PH
L	m
ı	
L	ш
ı	1
L	7
l	0
ı	OMP
	0
	9
	삤
l	TO BE COMP
	5

NO

- STATE REGISTRAR		0	CERTI	FICATE (OF DEATH	1111014174	REG. NO				
1. DECEDENT'S NAME (First,	Middle, Last)	WILLI	AM C. S'	TALEY			OF DEATH	AY	YEAR	3. TIME C	OF DEATN
WIL	LIAM	C. STA				MONT				Aren	8 9 M
4, SOCIAL SECURITY NUME	BER	6. SEX 6. AGE	(In yrs. last birthday			7. DATE	OF BIRTH		0. BIRTI	HPLACE (St	ate or Foreign
215-24-	8173	1 1 2 F	6 / YRS.	MONTHS D	AYS HOURS MIN,	Jan	. 22 ,	1929	Mar	ylanc	đ
Se. FACILITY NAME (If not in	stitution, give str	eet and number)		9b. CITY, TO	WN OR LOCATION OF D	EATN		9c. COI	UNTY OF I	DEATH	of solutions in the second
51. 5050	SPH 1	10SP.		40	THERVILL	5		7	BAL	TO.	
RESIDENCE OF DEC	EDENT										
10. STATE	10b. COUNTY			ITY, TOWN OR L						10d. INSII	DE CITY TS?
MD	137	ACTO.		UTHER	EVILLE						3 2 NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. Ci		WHAT COU	NTRY?
	12 HC	LLOW RD			2109	3			05	A	
11. MARITAL STATUS 1 Never Merried 2	Manual	12. WAS DECEDENT EVER I FORCES? 1 YES			DECENDENT OF NISPA			n or No-	14. RAC	E — Americ ck, White, et	ten Indien,
3 Widowed 4 Divo		IF YES, GIVE WAR OR D			YES 2 NO Speci				Spec		_
		47704						10.0000	,	NHI	-E
(Specify ont	y highest grade of	completed)	(Give kind o	'S USUAL OCCU of work done during use retired.)	ng most of working	166	. KIND OF BU	SINESS/IN	IDUSTRY		
Elementary/Secondary (6	⊢12)	College (1-4 or 5+)	Owner			7.7~~	C C+	1011	Mach		y Corp.
17. FATHER'S NAME (First, M	Medello I anti	-	Owner							imery	/ Corp.
W. Preston					16. MOTHER'S N. Hilda			Sumame)			
190. INFORMANT'S NAME (7											
Ruth D. Sta					treet end Number or Rural					1002	
		1			ollow Rd.,						
20a. METHOD OF DISPOSIT	on 3 🗆 Remo	and duning Chada	other piecel		of cemetery, crematory or					lown, State	
4 Donation 6 Other 21. SIGNATURE OF FUNERA			orerand	Mem. Pr	.Cemetery	2/11	./90 1	arkv	7111e	, Md	•
				Ri	ME AND ADDRESS OF F	Fune	ral Ho	ome,	Inc.	1050	York R
* Wal	lace	S. Bia	ely In	To	wson, Md.	2120	4				
23. PART I. Enter the d	iseases, Dr Co	omplications that cause	d the death. Do	npt enter the	e mode of dying, su	ch aa can	diec or resp	iratory a	rrest,		proximeta
ahock, or h		iat only one cause on e	each line.								erval Between set and Death
disease or condition		POSSIBL	F CAR	no one	ARAVTILA	111					
resulting in death)		DUE TO (OR AS	A CONSEQUENCE	OF):	11/11/19/1	77				100	ואטופ
		CARONI	HRY AL	י אריינדיע י	ATHEROS	CIEN	0515			14	EARS
Sequentially ilst condit if any, leeding to imme			A CONSEQUENCE		77116.00	000				1	01113
cause. Enter UNDERLY	ING										
CAUSE (Disease or injuthat initiated events		DUE TO (OR AS	A CONSEGUENCE	OF):							
resulting in death) LAS	T										
DART II Other significa	nt condition	a and other time to the sale.									
PART III. Other algrinica	III CONDITION	contributing to death i	out not resultin	g in the unde	nying cause given in	n Part I.	24s. WAS AF	AUTOPSY	24	AWAILABLE	TOPSY FINDINGS E PRIOR TO
							1 YES	2 🗌 NO		OF DEATH	HON DE CAUSE
										1 TES	3 2 NO
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:		OTHER:	26. PLACE OF OEATN (6	Sheck only or	ne)				
1 VES 2 NO		1 Inpatient 2 I ER/Out	petient 3 🗆 DOA		Nome 5 Residence	a 🗆 Othe	er (Specify)				
27. MANNER OF DEATN		28a. DATE OF INJURY (Month, Day, Year)		IME OF 28	c. INJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY O	CCURED		
1 Natural 5 🗹 2 Accident	Pending Investigation			М	YES 2 NO						
3 Suicide 6	Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm	n, street, factory	, office		CATION (Street or Town, State		er or Rural	Route Numb	ber
4 Nomicide	determined						, , , , , , , , , , , , , , , , , , , ,				
29a. CERTIFIER (Check only	TIFYING PNYSIC	CIAN: To the best of my know	viedge, death occi	urred at the time	, date end place, and du	e to the ce	use(s) end ma	inner as al	tated.		
		R: On the basis of examination								(e) and man	mer as stated.
296. SIGNATURE AND TITLE					29c. LICENSE NU					Q (Month, D	
MAROIL	2.179	21),000	-1061	2xx	A CO	770	-	290. 00	TE STUNE	O CONTRACTOR OF THE PARTY OF TH	D A
30 NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (A	me Print	15-09	28	2	-	5/	0/7	70
(havla-	En) CALLED GALLER OF GR	1/11	\ , -	Cal 7	1	Un	1-	7	7	md
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S SIGN	NATURE.	2 - /	2016	107	12 46	Σ,	100	V Ser	2
MAY 1	1 1991	32. DEGISTRAR'S SIGI	m-Bandal	Z.						1	4
	IUUL	7 I 79									



 after death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detache noval.	cal examiner must be notified at once.	
25 25	filled in brion, or ren	the medi	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3.	TIME OF DEATH		
	ADELAIDE		STOCKB	FRCER			May 8	. 1990		EAR	9:30 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7 DATE OF B	RTH	6	BIRTHPL/	ACE (State or Foreign		
	212-10-4411 9e. FACILITY NAME (If not institution, give str	1 M 2 X F 9	1 YRS.			HOURS MIN.	June 2		98	Ma	ryland		
OR	Meridian Homewood Baltimore City										"		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CIT	Y. TOWN OR	LOCATIO	N				10d. INSIDE CITY			
Manufand Daltimus City											LIMITS?		
10e. STREET AND NUMBER 2805 EVergreen Ave. 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21214 U.S.A. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If Yes 2 NO Specify: White, etc. 1 Yes 2 No Specify: White.													
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American Indian, Black, White, etc.) 14. RACE — American Indian, Black, White, etc.										American Indien,			
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES		1 [YES 2	NO Specify	, Puerto Ricen	etc.)		Specify:	White		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCC	CUPATION	of working	16b. KINI	OF BUSI	NESS/INDUS	TRY			
COMPLETED	Elementery/Secondary (0-12) 4 YY S	College (1-4 or 5 +)	(Give kind of life. Do NOT u		ing moor	or visiting							
S	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	AE (First, Middle	, Meiden Si	umeme)				
BE C	Romieo	Esp	oey			Marya	nn			Leys	shom		
0 8	19e. INFORMANT'S NAME (Type/Print)					Number or Rural R							
٦	Mr. William Green					erry Rd	. Bal						
	20a METHOD OF DISPOSITION 1 D Buriel 2 Cremetton 3 Remo		More I and	Mem.	e of ceme	tery, crematory or rk 5/10/	90		ltimo				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				ADDRESS OF FAC				,			
	James & Bladde	James F.	Gladden	Leo	nard	J. Ruck,	Inc. 530)5 Har	ford R	oad 2°	1214		
	23. PART I. Enter the disesses, or c ehock, or heart fellure. I			not enter ti	he mode	of dying, auci	se cerdlec	or respire	tory arrea	l,	Approximate Interval Between		
	IMMEDIATE CALICE (Float										Onset and Death		
	disease or condition resulting in death)	7 E D 2 1 7	A CONCEOUENCE O	D									
		disease or condition resulting in death) Due to (or as a consequence of): Defined to the conditions of the conditions											
0	Sequentially list conditions, if any, is ading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):) –								
8	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c											
CERTIFICATION	thet initieted events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):									
										T	1		
SAL	PART II. Other significant condition	a contributing to death	but not reaulting	in the und	lerlying	csuse given in		PERFORM	ED?	All	ERE AUTOPSY FINDINGS IAILABLE PRIOR TO DMPLETION OF CAUSE		
MEDIC							— ¹º] YES 2 {	NO	01	F DEATH?		
Σ							-			'	. 123 2		
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Che	ock only one)						
	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER:		5 Residence	6 Other (Sp	ecity)					
PHYSICIAN:	27. MANNED OF DEATH 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		E OF 2	28c. INJUI WOR	K?	26d. DESCRIE	E HOW IN	JURY OCCUI	RED	1		
B	2 Accident Investigation	28e. PLACE OF INJUR	ZV — At home form	etrant Inctor		S 2 NO	26f. LOCATIO	M /Ctmat ar	od Number or	Burnt Bour	to Mirmhar		
TED	3 Suicide 6 Could not be determined	building, etc. (Sp	ecify)	atiest, tactor	ry, omce			wn, State)	o reamber or	riurar riou	W (VOITADON,		
COMPLETE	290. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occur	red at the tim	ne, date e	nd place, and due	to the cause(e)	end menn	nor ee stated.				
∑	one) 2 MEDICAL EXAMINE	R: On the beale of examinati	ion end/or investigati	on, in my op	inion, de	ath occured at the	time, date and	place, end	due to the o	ause(e) a	nd manner as stated.		
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	1 0				29c. LICENSE NUA	BER 7		29d. DATE S	IGNED (M	lonth, Day, Year)		
10 8	Julch	phe				DT11	, ()		5	1919	70		
	30. NAME AND ADDRESS OF PERSON WH												
	Judah Minkove, M.D. 31. DATE FILED (Month, Day, Year)	11 Fast Chestn	LIT HILL S	iito 5	_								
	MAY 1 1 1990	32. REGISTRAR'S SIG	- Handell										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 News after death. Page 6 may be retained by the hospital or atting TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If flom 28 is marked, or flom 23 shows any injury, or other traumant event, the medical examiner must be nothing at once.
ter death, Page 6 may be retained by the hospita the funeral director, page 5 should be detached 1 yeal.	car examiner must be nomined at once.
ter death, Page 6 may be retained by the hos the funeral director, page 5 should be detach yeal.	cai examiner must be nomined at once,
ter death, Page 6 may be retained by the the funeral director, page 5 should be der yeal.	car examiner must be nomined at on
ter death, Page 6 may be retained by the funeral director, page 5 should be wal.	car examiner must be nonited at
ter death, Page 6 may be retained the funeral director, page 5 shoule oval.	car examiner must be nomined
ter death, Page 6 may be reta the funeral director, page 5 sh oval.	cal examiner must be non
ter death, Page 6 may be the funeral director, page oval.	cas examiner must be
ter death, Page 6 may the funeral director, pa oval.	car examiner must be
ter death, Page 6 the funeral directo oval.	car examiner mu
ter death, Page the funeral dir oval.	Cal examiner
ter death. I the funeral oval.	Cal examin
ter dea the fur	Cal exa
章 章 章	S
= - = :	
ren ren	Ē
P 0	E
y fill	
ithir letel	Ę,
omp omp	2
ocute and c	3110
to a	Ĕ
sicia prior	2
ficat phy ne p	100
ding lygie	6
ath tten	5
de de	Ē
the popular	E
th a	E
sign Sign Heal	Ş
of of	200
law as b	3
the the	E
AN:	Ē
Sici	
PHY sith .	ĕ
ag year	Ĕ
NOW SE A	69
E de la	97
JR A	E
A C	Ē
SPIT THE 7	=
A F	Ž
포 포 프	
2 2 3	POF

												91	,	121	88
	FOR 1 - STATE REGISTRAR	STATE OF MAI					EALTH DEAT		MENTA	L HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2					2. DATE	OF DEATH	,	YEAR	3. TIMI	e of death	
		MARY HELEN THACKE													A M
			AGE (In yrs. less		IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Mont	OF BIRTN		Count	ry)	(State or Fore	
	210-01-7471 5	□ M 2 12 1	74	YRS.					1.	-11-191	6	N.	, CA	ROLIN	A
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF										NTY OF O	EATN				
DIRECTOR	FRANCIS SCOTT KEY	MEDICAL	CENTE	?		BAL1	IMOR	RE CI	TY						
ច្ឆ	10a, STATE 10b, COUNTY		_		Y, TOWN (OR LOCAT	ION						10d, IN	ISIDE CITY	\dashv
<u> </u>	MARYLAND	BALTIMORE	=				DUN	MALK	(MITS?	
	10e. STREET AND NUMBER	D. (12) 21 (0) (1)				101	ZIP CODE				10g. CIT	IZEN OF Y			\vdash
FUNERAL	17 MIDWAY AVENUE							212	22			u.	S.A		
۳ I	11. MARITAL STATUS 12	PORCES? 1	/ER IN U.Ş, AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGII	N? (Specify Yea	or No	14. RAC	E — Amo	erican Indian	
	1 Never Merried 2 Married	FORCES? 1		Ю		If yes, spe	2XXNO	n, Mexicar Specify	, Puerto	Rican, atc.)		Spec	k, White,		- 1
E	3 Widowed 4 Divorced							,				.,	, m	HITE	
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	TON repleted)	(Gi	CEDENT'S	work done	during mos	N st of workin	ig.	161	b. KIND OF BUS	INESS/IN	DUSTRY			
9		College (1-4 or 5+)	Ho.	Do NOT u	e retired.)	MAKEI					Ш	OME			
COMPL	11011111111	OT KNOWN		п	MC I	MAKEI	_	42071				/ IVIL			
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	VEF		FREEMAN					
BE	DANIEL HUFHAM 190. INFORMANT'S NAME (Type/Print)		1 404	MAII INC	ADDRES	© (Ptens) o	nd Mumbas			nber, City or Town		n Codel			
이	DANIEL V. THACKER	•								MORE, 1			2	1222	
	20s. METHOD OF DISPOSITION		20b. PLACE								CATION -	-	own, Sta	to .	\neg
	X Burtel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	ol from State	OAR	LAWN	CEMI	ETER	/ 5-	9-19	990	BALT	TIMOT	RE,	MARY	LAND	
	21. SIGNATURE OF THE ERAL SERVICE LICEN	MEE (/) //			_					HOME (חב חו	INDA	IV	TNC	\neg
	- / That W	tish	/							DUNDALI			2122	72	
	23. PART I. Enter the diseases, or con	nolications that s	wed the de	ath. Do										Approximat	
	ahock, or heart failure. Lis						,			100			1.6	ntarval Bat Onset and	tween
	IMMEDIATE CAUSE (Final disease or condition	0 0	4											30	
	resulting in death) a	DUE TO (OF	AS A CONSE	QUENCE O	F):								1	2008	Y
_		A30;	ratio	<u></u>									-	3 4	2
ᅙ	Sequentially list conditions, If any, leading to immediate	DUE TO (OF	AS A CONSE	DUENCE O	F):			,						7	93
RTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or injury	GI	186	rel	Fn	com	150	phase	140				_	Jule	elis.
	that initiated events resulting in daeth) LAST	OUE TO (OF	AS A CONSE	QUENCE O	F):		- 1		,						
CER	d.	1.50											-		
	PART II. Other significant conditions	contributing to de	ath but not i	resulting	in the u	nderlyin	cause	given in	Part I.	24a. WAS AN		24		AUTOPSY FIN	
2	Small hours	as fount	in ,	2333	Ble	ne	~	47	0	PERFOR				ABLE PRIOR TO LETION OF CA	
밀	Belonin Anem	in Ch	4	DA	non to	2 (litel	4						rES 2 N	0
PHYSICIAN: MEDICAL	Alzhemeda)		1					0	_						
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only o	one)					
Sic		HOSPITAL:	R/Outpatient 3	□ DOA	4 Nu		e 5 🗆 R	esidence	6 🗆 Oth	ner (Specify)					
֡֝֟֝֟֝ ֝	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		26b. TIR	AE OF JURY	28c. INJ	URY AT		28d. OE	EȘCRIBE NOW II	NJURY OC	CUREO			
BY	1 Natural 5 Pending 2 Accident Investigation	1 Netural 5 Pending M 1 YES 2 NO													
0	3 Suicide 6 Could not be	28e. PLACE OF III building, etc	NJURY — At ho . (Specify)	ome, farm,	street, fec	ctory, offic	•			CATION (Street a y or Town, State)	and Numbe	or Rural	Route No	umber,	
ETE	4 Nomicide determined														
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSICIA	_													
õ	one) 2 MEDICAL EXAMINER:	On the basis of sxan	ninetion and/or	investigati	on, in my	opinion, c	leath occu	red at the	time, dat	te and place, an	d due to t	the cause	a) and n	nanner as sta	ited.
ш	296. 9 GNATURE AND TITLE OF CERTIFIER	0.	08				29c. LIC	ENSE NUI		00	29d. DA	TE SIGNE	D (Month	, Day, Year)	
0 8	20 MANE AND ADDRESS OF BERSON WHO	mu	The	1			1	ין כ	00	88		2/2	19	0	

32. REGISTRAR'S SIGNATURE
Suin Davidson-Randalle

6 X •

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 morts after death. Page 6 may be retained by the hospital or attend TO THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

1	FOR STATE	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTAL			90		2789
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) William	н.	CE		areh:		DEAT	Н	2. DATE O MONTH		AY	990		NE OF DEATH
	4. SOCIAL SECURITY NUMBER 219 10 5984	5. SEX 1 X M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH Pay, Year) n 6,	1916	8. BIRT	HPLACE Jay) lary	(State or Foreign
- 1	90. FACILITY NAME (If not institution, give s North Arundel Ho				9b. CITY		r LOCATIO					nne		nde1
() II-	10a. STATE 10b. COUNT	-	e Arundel Pasade					ena					INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER 326 Steedman	Point Rd	. 10f. ZIP CODE 2112				22 Uni			ited				
	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	IT EVER IN U.S. ARM XXYES 2 N MAR OR DATES W. II	MED O		If yes, sp		n, Mexice	NIC ORIGIN? In, Puerto Ric y:		s or No—	Ble	CE — An ck, White city:	nerican Indien, e, etc. White	
COMPLETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DEC (Gh life.	ve kind of Do NOT u	USUAL Owork done se retired.)	during mo	N st of workin	g	16b. F	Sh	siness/in			
w	17. FATHER'S NAME (First, Middle, Lest) Horace		Warehi	me			18. MOTH		ME (First, Mi	idle, Malden	Surname)			
10 8	190. INFORMANT'S NAME (Type/Print) Ethel June Eure	19b						Route Numbe Wie,				715		
	20s. METHOD OF DISPOSITION 1 Duriet 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	20b. PLACE Cother ple	(eos	e Pa	rk C	emete	ery			odla			ate	
	21. SIGNATURE DIE PUNE RAL BESTRACE U	Dlum	arran		M	cCu1		uner	al Ho					21122
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)								//	liretory a	rrest,		Approximate interval Between Onset and Death	
ERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):													
: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO											E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DF CAUSE EATH? YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:			s Cother					-
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF JURY M		PURY AT ORK? YES 2] NO	28d. DE\$0	RIBE HOW	INJURY O	CCURED		
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At ho i, etc. (Specify)	me, ferm,	street, fac	tory, offic	•			TION (Street Town, State		ber or Run	il Route I	lumber,
COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.													
\times II														

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1990

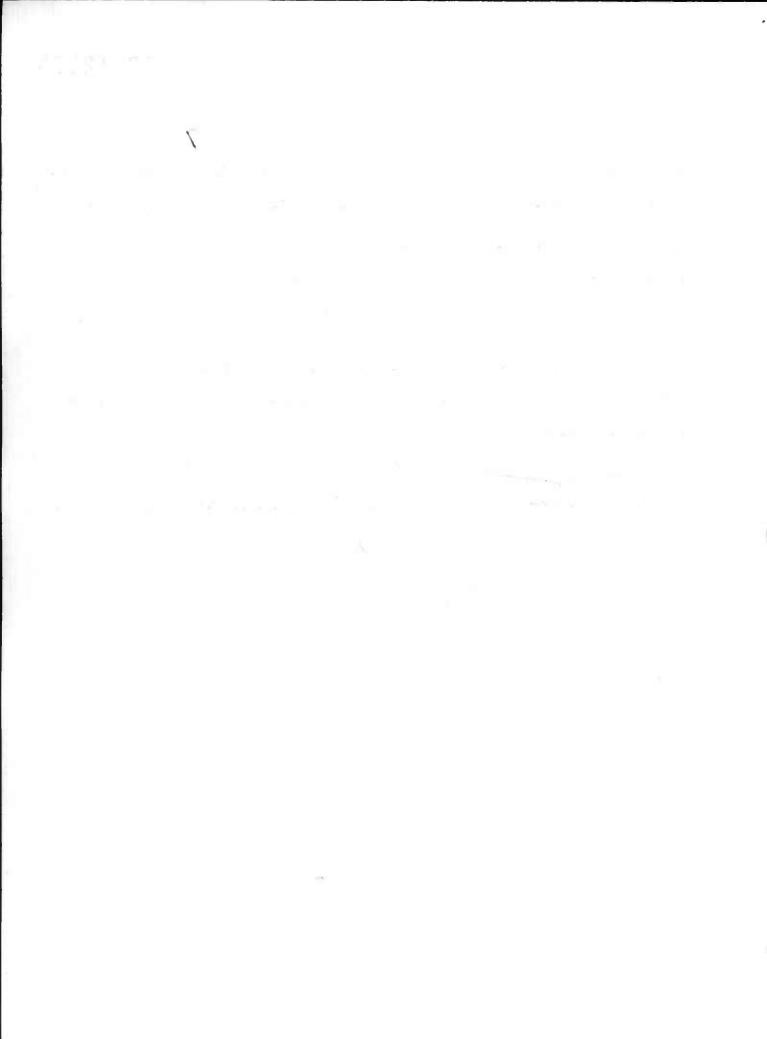
32. REGISTRAR'S SIGNATURE
Davidson-Randall

1511

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF I	DEATH			3. TIME OF DEATH
- 1	LARRY ALLEN	WILLIAMS	•		MONTH	a a	199	YEAR	CP ul
		vrs. last birthday)		T	MAY.				LACE (State or Foreign
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	(Month, De		Ι,	Country)	CAGE (State or Foreign
	224-54-4924 ¹ x ^{M 2 □ F} 4	7 YRS.			June 1	11 1	942 W	lashi	ington.DC
	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE			9c. COUNT		
Œ	Hamban Hamital Conton								
임	Harbor Hospital Center		Balt	imore Cit	V		Balt	imor	e City
	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOC	ATION				Т	10d. INSIDE CITY
DIRECTOR	Manual and A and A		_						LIMITS?
	Maryland Anne Arundel	G1	en Buri						1 YES 2 NO
₹	10e. STREET AND NUMBER		,	Of. ZIP CODE			10g. CITIZE	EN OF W	HAT COUNTRY?
FUNERAL	206 Shana Road			21061			IISA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			CENDENT OF HISPAI			r No- 1	4. RACE	- American Indian, White, etc.
	1 Never Married 2 X Married FORCES? 1 X YES	2 ∐NO		pecify Cuban, Maxica S 2 X NO Specif		n, atc.)		Specify	
ВУ	3 Widowed 4 Divorcad		1	A A	,			Ороску	White
0	15, DECEDENT'S EDUCATION	16a, DECEDENT'S (JSUAL OCCUPAT	ION	16b. KIN	ID OF BUSH	NESS/INDU	STRY	***************************************
E 1	(Specify only highest grade completed)	(Give kind of we	ork done during n	nost of working					
ا ت	Elamentary/Secondary (0-12) College (1-4 or 5+) 1 - 2 vrs.	m - 1 - 4	1 0		_		_		
ž	1 2 713	Technic	al Sup			d Aer		ace	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middl	le, Maiden Si	urname)		
BE	Buster Allen Willia	ams		Geraldi	ne		R.		Lucas
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	AODRESS (Street	and Number or Rural	Route Number, (City or Town,	State, Zip C	Code)	
2	Cynthia A. Williams	Samo	as 10						
				emetery, crematory or		20c, LOCA	ATION — CI	ty or Tow	m. Stata
	1 Burial 2 X Cremation 3 Removal from State	other place)							
	4 Denation 5 Other (Specify)	Metro Cr		AND ADDRESS OF FA		Balt	imore	Ma Ma	aryl <i>a</i> nd
	21, SIGNATORE OF PURENT BETTTY CICENSES								
	2 Shatts		ŞING	COND AVE.	ERĄL H	OME.	DUDAY	Y 17	VD 01061
	23. PART I. Enter the diseases, or complications that caused	the death Do n	of enter the m	ode of dulpa eur	D. W.	OF SPORIS	BURN	A.C.	MD 21061 Approximata
- 1	Lo. TAIL II LINE III GISCESES, OF COMPRICATIONS THE COUSES								
	shock, or heart fallure. List only one ceusa on se	och Ilna. Ca S		oma	.,	or reopine	itory erre	ot,	Interval Batween
	IMMEDIATE CAUSE (Final	och Ilna. Cas		oma		Оттебрит	itory erre	ot,	
	IMMEDIATE CAUSE (Final disease or condition	etti (Or recipine	nory erre	o.,	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	consequence of	Bank	oma				o.,	Interval Batween
7	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	etti (Bank	oma			nory erre		Interval Batween
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) DUE TO (OR AS A Sequentially list conditions,	etti (Can	oma			mory erre		Interval Batween
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A	CONSEQUENCE OF	Can	oma			mory erre		Interval Batween
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	consequence of	Jan A	oma			and y ente		Interval Batween
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or plury)	CONSEQUENCE OF	Jan A	oma					Interval Batween
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A DUE TO (OR	consequence of	Jan A	oma					Interval Batween
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF	Can A	cefu	· .	e. WAS AN A			Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF	Can A	cefu	· .		UTOPSY	24b.	Interval Batween Onset and Daeth WERE AUTOPSY FINDINGS AMALABLE PRIDR TO
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF	Can A	cefu	Part I. 24	s. WAS AN A	UTOPSY HED?	24b.	Interval Batween Onset and Daeth WERE AUTOPSY FINDINGS
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF	Can A	cefu	Part I. 24	e. WAS AN A PERFORN	UTOPSY HED?	24b.	Interval Batween Onset and Daeth WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF	Can A	cefu	Part I. 24	e. WAS AN A PERFORN	UTOPSY HED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death be cause. Experimental conditions contributing to death be caused as the conditions contributing to death be caused as the caused caused as the caused caus	CONSEQUENCE OF): i: i: n the underlyl	cefu	Part I. 24	e. WAS AN A PERFORN	UTOPSY HED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A d. D	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF): in the underlyl 26. OTHER:	ng cause given in	Part I. 24	B. WAS AN A PERFORM ☐ YES 2	UTOPSY HED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
EDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but the conditions contributing to death but the cause of the conditions contributing to death but the cause of the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions contributing to death but the conditions conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions contributing the conditions conditions contributing the conditions contributing the conditions conditions contributing the conditions condit	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	26. OTHER:	ng cause given in	Part I. 24	e. WAS AN A PERFORM □ YES 2 [UTOPSY IED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A DUE TO (OR AS A d. DUE	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	26. OTHER: 4 Nursing Mc	ng cause given in	Part I. 24	e. WAS AN A PERFORM □ YES 2 [UTOPSY IED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death be EXAMINER? 1 YES 2 NO. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Natural 5 Pending investigation 28a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF Ut not resulting in	26. OTHER: 4 Nursing Hotelery Mrs. 1 1 1 1 1 1 1 1 1	ng cause given in	Part I. 24	e. WAS AN A PERFORM □ YES 2 [UTOPSY IED?	24b.	Interval Batween Onset and Daeth Unset and Daeth WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death be EXAMINER? 1 YES 2 Ne 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Ne 27. MANNER OF DEATH 1 Netural 5 Pending investigation 28e. PLACE OF INJURY building, etc. (Spec.	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a	26. OTHER: 4 Nursing Hotelery Mrs. 1 1 1 1 1 1 1 1 1	ng cause given in	Part I. 24	e. WAS AN A PERFORM YES 2 [Decity) BE HOW IN.	UTOPSY IED? HO	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a	26. OTHER: 4 Nursing Hotelery Mrs. 1 1 1 1 1 1 1 1 1	ng cause given in	Part I. 24	e. WAS AN A PERFORM YES 2 [DOC/ly) BE HOW IN.	UTOPSY IED? HO	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a	26. OTHER: 4 Nursing Ho	ng cause given in	Part I. 24d 1 1 Beck only one) 6 Other (Sc 26d, DESCRI 26f, LOCATIC City or R	B. WAS AN A PERFORM YES 2 [DOC/IY) BE HOW IN. DN (Street announce) State)	JURY OCCU	24b. URED V Rural Ro	WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A D	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a edge, death occurre	26. OTHER: 4 Nursing He E OF 28c. II JRY M 1 treet, fectory, off	ng cause given in PLACE OF DEATH (C) NU JURY AT YORK? YES 2 NO No lice	Part I. 24: 1 1 Beck only one) 6 Other (S; 26d, DESCRI 26f, LOCATIC City or R	a. WAS AN A PERFORM YES 2 [DOC/Ty) BE HOW IN. ON (Street and one) B) and mann	UTOPSY IED? HO UURY OCCU Id Number of	24b. URED or Rural Re	WERE AUTOPSY FINDINGS AMALABLE PRIDR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d. DUE TO	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a edge, death occurre	26. OTHER: 4 Nursing He E OF 28c. II JRY M 1 treet, fectory, off	ng cause given in PLACE OF DEATH (C) NU JURY AT YORK? YES 2 NO No lice	Part I. 24: 1 1 Beck only one) 6 Other (S; 26d, DESCRI 26f, LOCATIC City or R	a. WAS AN A PERFORM YES 2 [DOC/Ty) BE HOW IN. ON (Street and one) B) and mann	UTOPSY IED? HO UURY OCCU Id Number of	24b. URED or Rural Re	WERE AUTOPSY FINDINGS AMALABLE PRIDR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A D	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF At home, farm, a edge, death occurre	26. OTHER: 4 Nursing He E OF 28c. II JRY M 1 treet, fectory, off	ng cause given in PLACE OF DEATH (C) NU JURY AT YORK? YES 2 NO No lice	Part I. 24. 1 1 Seck only one) 6 Other (Science of the Course) 26f. LOCATIC City or R a fo the cause(in time, date and	a. WAS AN A PERFORM YES 2 [DOC/Ty) BE HOW IN. ON (Street and one) B) and mann	JURY OCCI	24b. URED or Rural Ro d. ceuse(s)	WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A D	consequence of conseq	26. OTHER: ATHER: AUTHORISH CONTROL OF THE CONTROL	PLACE OF DEATH (C) PLACE	Part I. 24	a. WAS AN AN PERFORM PERFORM YES 2 [Decity) BE HOW IN. ON (Street and on the street) B) end mann of place, and	JURY OCCI In a state dua to the	24b. URED or Rural Ro d. ceuse(s) Signeo (WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A D	consequence of conseq	26. OTHER: ATHER: AUTHORISH CONTROL OF THE CONTROL	PLACE OF DEATH (C) PLACE	Part I. 24	a. WAS AN AN PERFORM PERFORM YES 2 [Decity) BE HOW IN. ON (Street and on the street) B) end mann of place, and	JURY OCCI In a state dua to the	24b. URED or Rural Ro d. ceuse(s) Signeo (WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A D	consequence of conseq	26. OTHER: ATHER: AUTHORISH CONTROL OF THE CONTROL	PLACE OF DEATH (C) PLACE	Part I. 24	a. WAS AN AN PERFORM PERFORM YES 2 [Decity) BE HOW IN. ON (Street and on the street) B) end mann of place, and	JURY OCCI In a state dua to the	24b. URED or Rural Ro d. ceuse(s) Signeo (WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A D	consequence of conseq	26. OTHER: ATHER: AUTHORISH CONTROL OF THE CONTROL	PLACE OF DEATH (C) Ome 5 Residence NJURY AT ORK? YES 2 NO ites Ite and place, and duit death occured at the	Part I. 24	a. WAS AN AN PERFORM PERFORM YES 2 [Decity) BE HOW IN. ON (Street and on the street) B) end mann of place, and	JURY OCCI In a state dua to the	24b. URED or Rural Ro d. ceuse(s) Signeo (WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but the sequence of t	consequence of conseq	26. OTHER: ATHER: AUTHORISH CONTROL OF THE CONTROL	PLACE OF DEATH (C) PLACE	Part I. 24	a. WAS AN AN PERFORM PERFORM YES 2 [Decity) BE HOW IN. ON (Street and on the street) B) end mann of place, and	JURY OCCI In a state dua to the	24b. URED or Rural Ro d. ceuse(s) Signeo (WERE AUTOPSY FINDINGS AMALABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN		0 12751				
	1. DECEDENT'S NAME (First, Middle, Last) Raymond U	illiams I			2. DATE OF DEATH	AY OYE	3. TIME OF DEATH 9,10 PM				
			yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR OF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-18-2	_ 0	MRTHPLACE (State or Foreign ountry) ALTO MD				
CH	98. FACILITY NAME (If not institution, give stre Loch Rauen VI RESIDENCE OF DECEDENT	A Hospital	9b. C	Baltimore	& MD.	9c. COUNTY O					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND N/A			N OR LOCATION			10d. INSIDE CITY LIMITS? 1 17 YES 2 NO				
	10e. STREET AND NUMBER		DA	LTIMORE 101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	1133 ASBURTON		U.S. ARMED	21216	NIC ORIGIN? (Specify Ve	USA	RACE — American Indian.				
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (A Xes IF YES, GIVE WAR OR DATE 1943-1946	2 NO ES	If yes, specify Cuban, Mexic 1 ☐ YES 2 A AO Spec	an, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK				
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	OTION Ompleted) College (1-4 or 5+)	life. Do NOT use retire	ne during most of working d.)	16b. KIND OF BU	SINESS/INDUSTI	RY				
COMPL	17. FATHER'S NAME (First, Middle, Last)		RETIRE		SELF -	EMPLOY	ED				
		ILLIAMS SR.			JAMES	Surremay					
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDR	ESS (Street and Number or Rura	Route Number, City or Tox	vn, State, Zip Code	0)				
	KEVIN WILLIAMS			OKEBY ROAD							
	1 X Xuriai 2 Cremation 3 Remov	mi from State	other place)	(Name of cometery, crematory or EVETERAN		OLING VI	I.I.E. MD.				
	21. SIGNATURE OF FUHERAL SERVICE LICE			22. NAME AND ADDRESS OF F			BOX 4433				
	Kimette	DK. S	ones	BROWN/THOME	PSON F.H.	(2	1223)				
Z	23. PART I. Enter the diseases, or co- ahock, or heert feilure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Under GI OUF (hosis	ch line.	2° to Duod			Approximate interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Coacus pathy DUE TO (OR AS A CONSEQUENCE OF): Coacus pathy DUE TO (OR AS A CONSEQUENCE OF): Coacus pathy DUE TO (OR AS A CONSEQUENCE OF): Coacus pathy DUE TO (OR AS A CONSEQUENCE OF): Coacus pathy DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other aignificant conditions	contributing to deeth bu	t not resulting in the	underlying cause given in	n Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		HER: Nursing Home 5 □ Residence	6 Other (Specify)						
	27, MANNER OF DEATH 1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specif	Al home, farm, street,		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	one)			he 1ime, data and place, and du			use(s) and menner as stated.				
M T	296, SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NI			GNED (Morith, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)			7/	1.1.5				
	31. DATE FIRE AND 17001 990	J2. REGISFRAR'S SIGNA	Mindell.								

2 2 3 X

	per		
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or aftending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern		9000
retained by	5 should be		notified a
b may be	ctor, page		nust be
eam. Page	uneral dire		caminer r
AND STEEL OF	In by the 1	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical ex
MITHIN 24 FE	oletely filled	remation, o	ent, the n
executed	n and com	to burial, c	imatic ev
arthcale be	ing physicia	rgiene prior	other trai
the death c	the attend	1 Memtal Hy	Injury or
Juires that	signed by	Health and	VAC SAV
he law rec	e has beer	te Dept. of	m 23 sh
SICIAN: 1	s certificati	th the Stat	d or its
NOING PH	: After this	r death wil	le marke
OR ATTE	DIRECTOR	hours after	Hom 28
HOSPITAL	FUNERAL	within 72	TANT H
뿟	뽀	led.	Ç

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Wittig 1990 May 10 4. SOCIAL SECURITY NUMBER 6 SEY 6. AGE (In yrs. last birthday) F UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. 8. BIRTHPLACE State or Foreign 1 M M 2 | F 81 YRS. 212-07-1778 March 19,1909 Maryland 9a. FACILITY NAME (If not institution, give street and number) 90 COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. Joseph's Hospital Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 YES 2X NO 10s. STREET AND NUMBER 1 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 13 Lastgate Road 21117 U.S.A. 1 Never Married 2 Marri 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO Specify: В 3 Widowed 4 Divorced White 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Years Salesman Nyquist, Inc. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John L. Wittig Annie Espey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. LaRue Wittig 13 Lastgate Road Owings Mills, MD 20s. METHOD OF DISPOSITION

1 1 1 1 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Meadowridge Memorial Park Howard County, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 24. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ DUE TO (OR AS A COMSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 INO int 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined CH 4 Homicide ᇤ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) ш 8 D11060 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> 32. REGISTRAR'S SIGNATURE ha Davidson

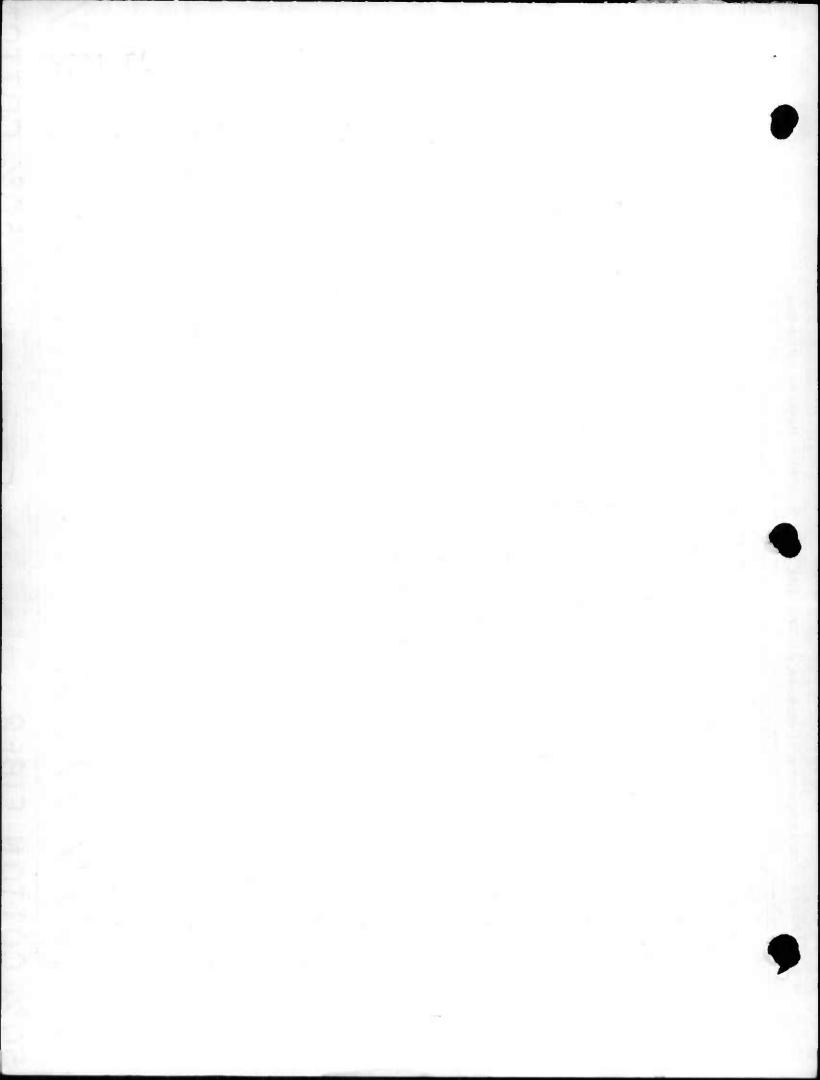
2561 11

c 1 d

¢.

DIVISION OF VITAL RECORDS, F.C. BOX 13149, BALLIMORE, MARTLAND 21203-3140	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
	TO THE HOSPI	TO THE FUNES be filed within	IMPORTANT:

	FOR 1 . STATE	STATE OF MARYLA				MENTAL H	YGIENE	30 12130		
	1. DECEDENT'S NAME (First, Middle, Last)	1.	CERTIFICA	TE OF	DEATH	2. DATE OF D	EG. NO. DEATH DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-05-1341	5. SEX 6. AGE (In 75	yrs. last birthday) IF U	NOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De) 8/12	USTN I	8. BIRTHPLACE (State or Foreign		
œ	9a. FACILITY NAME (If not institution, give str		20111	CITY, TOWN O	R LOCATION OF D			ry of Death		
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	Vledical	Cented 1	10c CITY, TOWN OR LOCATION						
DIRE	Md.		R	21 42		LD		10d. INSIDE CITY LIMITS? 1 TES 2 NO		
IERAL	5430 Fairlawn A	venue	, , , ,	101.	21215		19.	EN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DAT	2 XNO	If yes, spe	ENDENT OF NISPA acity Cuban, Mexic 2 XNO Speci	an, Puerto Rican	pecify Yea or No—	14. RACE — American Indian, Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use retir	lone durina mos	N st of working	16b. KIN	D OF BUSINESS/INDU	STRY		
	17. FATHER'S NAME (First, Middle, Last) Charles Fraz	ier				AME (First, Middle	e, Maiden Sumame) Marlowe			
TO BE	198. INFORMANT'S NAME (Type/Print) Harriett E. Bro				nd Number or Rural	Route Number, C	City or Town, State, Zip (
	20a. METHOD OF DISPOSITION	20b. i	PLACE OF DISPOSITION	N (Name of cen	netery, cremetory or	Balto.	Md.	21215 tty or Town, State		
	1X Burial 2 Cremation 3 Remo	Ga Ga	irden of E	ternal	Hope		Westmin	ister, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	. Thompson	Je.	March 4300	i F/H We Wabash	st Ave.				
	23. PART Enter the diseases, or canonic shock, or heert feliure. In the shock of heert feliur	List only one cause on eac	the death. Do not a chiline.	,			or reapiratory arre	at, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. SUM PULCE DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. SQCAL AM UND DUE TO (OR AS A CONSEQUENCE OF):									
1	PART II. Other eignificent conditions					Part I 24	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL							PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (C					
энх	1/2 YES 2 NO 27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT		secify) BE HOW INJURY OCC	VRED		
BY	1 Netural 6 Pending 2 Accident Investigation	28e. PLACE OF INJURY -		M 1 1	rES 2 NO	284 LOCATIO	N (Street and Number	or Burel Doute Mumber		
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Specif	y)	, tactory, office			wn, State)	or Pureit Picture Number,		
COMPLET	onel -	CIAN: To the best of my knowle R: On the bests of examination.						d. cause(a) and manner as stated.		
96	296. SIGNATURE AND LITLE OF CERTIFIER	ilu			29c. LICENSE NU	(S)	29d. DATE	SIGNED Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	IN (ITEM 27) OSOO, Print	h	nd	u	229			
	31. DATE FILED (MODITI, DBY, Year) MAY 1 1 1990	32 HEGISTRAN'S SIGNA	- Mandall				·			



D	_	
20	용	
etair	ES.	
03	2	
Ď	page	
Ĕ	00	
9	ect	
9	8	
-	20	
's arter oearn. Page 6 may be retained by	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to	
0	the	Val.
E	3	E
S	=	2
	Deg	0
,	4	E CO
5	e S	E
KITENDING PHYSICIAN: The law requires that the death certificate be executed within	nplet	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
9	00	19
5	B	2
8	III 3	2
8	sicia	9
Catt	黄	0
ē	0	lien
e	din	F
3	the	Teg.
8	9	len
Ē	4	2
nat	D.	an
35	De	age a
nire nire	S	운
9	960	6
ž	ă	P.
60	P.	ŏ
=	ale	tate
A S	tife	S
S	90	=
HY.	this	With
9	10	fi.
5	Att	de
Z.	3	le-
	E	af

<u></u>	1	FOR STATE REGISTRAR	STATE OF M		D / DEPARTI			MENTAL HYGIEN REG. NO		
	1.	DECEDENT'S NAME (First, Middle, Las)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	L	Carl Herb	ert	ALMGR	EN			April 17		12:05 a
9	Ĺ	579 32 6845	1 1 M 2 □ F	6. AGE (In yr. 51	1	F UNDER 1 YEAR DAYS DAYS	#F UNDER 24 HRS. HOUR# MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 244	e. BIRT Coun Was	HPLACE (State or Foreign try) shington D.
should			street and number)	A./	9		A A	DEATH	9c. COUNTY OF	
DIRECTOR	10	esidence of decedent in State 106. COUNTY Maryland Print	nce George	's		rown on Locat	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ysician. irial-transit permit FUNERAL	1	street and number 3906 Wakefield					20715			what country? d States
6.6	1	. MARITAL STATUS Never Married 2 KMarried Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	□ NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) NO	or No.— 14. RAC	CE — American Indian, ck, White, atc.
retained by the hospital or attending 5 should be detached for use as the notified at once. TO BE COMPLETED BY	F	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Coflege (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 5+)			16b. KIND OF BU	SINESS/INDUSTRY		
APL	L	12			In	sulato	r	U.S. G	overnmen	t
be detached for us at once.	12							AME (First, Middle, Malden	Surname)	
ed by	L	Herbert Almgren	1				Ann	a Snowden		
be retained by the hospine is 5 should be detached as nettified at once. TO BE COMP	15	a. INFORMANT'S NAME (Type/Print)			19b. MAILING AI	ODRESS (Street a	and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	
be n	-	Susan Conto			100.00			Bowie Mary		716
or death. Page 6 may the funeral director, page 17-17.	4	METHOD OF DISPOSITION Burlel 2	UNIC DAVID - TO COLOR	oth	ACE OF DISPOSIT For place) rt Linco	1n Cem		Bre	ntwood M	
ter death, Page 6 may be the funeral director, page yeal. The same of the sam	2	Robert €.	Evanz	Pr	9	Bea		Funeral H		
death certificate be executed within as after estanding physician and completely filled in by the estanding physician and completely filled in by the estanding the physician price to burial, cremation, or removal, into or centrolar into or centro	Silver	ahock, or heert feiture MMEDIATE CAUSE (Final Isease or condition securiting in death) sequentially list conditions, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury heat initiated events securiting in death) LAST	a. Due to	OR AS A CO	NSEQUENCE OF):	ef	yoca Trij	del c	eron	Interval Between Onset and Dea
equires that the en signed by the of Health and Me hows any Injury	F	ART II. Other algnificant condition	one contributing to	death but r	not resulting in	the underlyin	g ceuse given li	Pert i. 24a. WAS AN PERFO 1 UYES: 0 The Reserved.	RMED?	b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
E 8 8 5 0	2	. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	ACE OF DEATH (C			
certificate the State or Item	-	1 VES 2 NO	1 🗆 Inpatient 2 🔐		nt 3 🗆 DOA 4	☐ Nursing Hon		6 Other (Specify)		
교 후 출 별	2	** MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		ny, Ybar)	28b. TIME (M 1 🗆	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW		
OR: A	L	3 Suicide 8 Could not be determined	28e, PLACE Of building, o	etc. (Specify)	At home, farm, str	et, factory, offic		281. LOCATION (Street City or Town, State)		Route Number,
Z = 2 E	L	(crie) MEDICAL EXAM	YSICIAN To the best of sales of ex		e, death occurred dior investigation,		and place, and du	to to the cause(s) and gu	- 1	for the same
TO THE HOSPI TO THE FUNER Be filed within IMPORTANT: TO BE COV	L	IN AME AND ADDRESS OF PERSON	ites as	2	STEM OF STATE		D 1716		294. DATE SIGNE	7/90
5)		Linos Whi	Hoy mo	9.	356 CA		Hwy	cras mo	neltoro	MO
	3	APR 2,3 90	32. REGISTRAL	ACO A-	ndelle				,	20772

0	eath	afte
ŝ	the d	the
R	that	d by
8	ires	Signe
3	redu	neen
	e law	has b
TA	T.	cate
>	ICIAN	ertifi
OF	SHYS	this
DIVISION OF VITAL RECORDS, P.	DING I	After
Sic	TENC	OR:
≥	JR AT	IREC
0	MI	ALD
	HOSPI	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the atter
	품	THE
	2	2

		- STATE REGISTRAR 1. DECEDENT'S NAME (First, I	Middle, Last) Hic	rvev		CERTIF	ICATI	E OF	DEA	IH	2. DATE MONTH		-	٧	EAR 3	TIME OF DEATN	
	1	Raymor	1d	Amos	5						04		18	9	0	М	
	- 1	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE	Day, You		8.	BIRTNPL Country)	ACE (State or Foreign	
4	1	577-26-9140		1 XM 2 🗌 F	67	YRS.		S DATE HOUNG MIN.			12	31	22	1	Mary	land	
N.	_	9a. FACILITY NAME (If not inst					9b. CITY, TOWN OR LOCATION OF DEATH						9	e. COUNTY	OF DEA	TN	
	5	Physicians		orial F	lospi	tal	La	Plat	ta_					Ch	arle	es	
# H	LI II	RESIDENCE OF DECI	10b. COUNT	γ	-	10c. CIT	Y, TOWN	OR LOCAT	ION						16	d. INSIDE CITY	
1 8	E	Maryland	Charl	es		Wh	ite	Plai	ns						1	LIMITS?	
	AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF												41			
6	1	Box 501 F	Rt 2						206	95				II. S	5.A.		
NI IS	5	11. MARITAL STATUS		12. WAS DECEDE FORCES?	NT EVER IN U	.S. ARMED			ENDENT	OF NISPAI	NIC ORIGIN					- American Indian, Yhite, etc.	
		1 Never Married 2 A h		IF YES, GIVE	WAR OR DATE	S				an, Maxica Specif	in, Puerto I y:	lican, etc	-)		Specify:	Yrine, etc.	
20	100			WWII												asian	
	ш		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							ESS/INDUS	TRY						
1 2		Elementary/Secondary (0-	12)	College (1-4 or 5	+)		,		2								
once.	Ē	17, FATNER'S NAME (First, Mic	idle, Last)	IV/A		Opera	LION	s En			ME (First, I	GSA	Irlan Cu	mama)			
at or		Earl H. Amos							2012					rrame)			
TO DE		Earl H. Amos Linda Redding 198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											ide)				
Totil	2	Bernice L. Amos Same as 10 A-F															
9					20b. P	LACE OF DISPO				matory or		20	c. LOCA	TION — Cit	y or Town	, State	
examiner must	20a. METNOD OF DISPOSITION 2 Burdal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Cedar Hill Cemetery Suit										land	Mars	rl and				
in in	- 1	21. SIGNATURE OF EMPERAL	SERVICE LI	CEMBEE	1	1				ESS OF FA	CILITY -					e, Inc.	
ХЗШ	6633 Old Alexander F								Fer	rv	Rd Cl	into	on Md 207				
edicai	-1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest											Approximate				
medicai	- 1	shock, or heart failure. List only one cause on each line.											interval Between Onset and Death				
the the		IMMEDIATE CAUSE (Final disease or condition											O's TI				
event, the		DUE TO (OR AS A CONSEQUENCE OF):										Truench					
10	,																
traumatic	5 ∥	Sequentially list condition if any, leading to immed		DUE TO	O (OR AS A C	ONSEQUENCE O	F):										
ta S		cause. Enter UNDERLYIF CAUSE (Disease or Injur	IG	c													
or other	=	that initiated events		DUE TO	O (OR AS A C	ONSEGUENCE O	F):										
	u ji	resulting in death) LAST		d													
> (3	PART II. Other aignificer	t condition	na contributing t	o deeth but	not resulting	in the u	nderiyin	cause	given in	Part I.	24a, W	S AN AL	JTOPSY	24b. W	PERE AUTOPSY FINDINGS	
100	5												RFORM			MAILABLE PRIOR TO OMPLETION OF CAUSE	
ry injur	- 11											1 🗆 1	ES 2-	1NO		F DEATH?	
any injur	n III										- 1				1 '	☐ YES 2.☐-NO	
shows any injur	M																
23 shows any injur	AN: ME	25. WAS CASE REFERRED TO	MEDICAL				25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSENTAL: 26. PLACE OF DEATH (Check only one)										
23 shows any injur	AN: ME	EXAMINER?	MEDICAL	HOSPITAL:	□ FR/Outnoti	lent 3 🗆 DOA	OTHE	R:					a .				
or Item 23 shows any injur	TSICIAN: ME		MEDICAL	HOSPITAL: 1 Inpatient 2		lent 3 🗆 DOA	4 🗆 Nu	R: rsing Hom	10 5 <i>4</i> 3 F		8 🗆 Othe	r (Specify	_	URY OCCU	RED		
ked, or Item 23 shows any injur	PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 F	Pending	1 Inpatient 2		28b. TII	4 🗆 Nu	R: rsing Hom 28c. INJ WO	10 5 <i>4</i> 3 F	Residence	8 🗆 Othe	r (Specify	_	URY OCCU	RED		
s marked, or Item 23 shows any injuries on buyes of the state of the s	BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F 2 Accident	Pending nvestigation	1 ☐ Inpatient 2 28a. DATE C (Month, 28a. PLACE	De INJURY Day, Year)	28b. Till IN	4 Nu ME OF JURY M	R: reing Hom 28c. INJ WO 1	iury at pric? YES 2	Residence	8 Other	F (Specify BCRIBE H	treet and	URY OCCU		rte Number,	
28 is marked, or item 23 shows any injur	IED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F 2 Accident 3 Suicide 8 0	Pending	1 ☐ Inpatient 2 28a. DATE C (Month, 28a. PLACE	Dey, Year)	28b. Till IN	4 Nu ME OF JURY M	R: reing Hom 28c. INJ WO 1	iury at pric? YES 2	Residence	8 Other	r (Specify SCRIBE H	treet and			rie Number,	
tem 28 is marked, or item 23 shows any injurence of the property of the proper	LEIED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident 3 Suicide 8 6 4 Homicide	Pending nvestigation Could not be letermined	1 Inpatient 2 28a. DATE C (Month, 28a. PLACE building	OF INJURY OF INJURY — g, atc. (Specify,	28b. Til IN - At home, farm,	4 OF Nu	R: reing Hom 28c. INJ WO 1	URY AT PRK? YES 2	Residence	8 Other	CRIBE H	treet and	d Number or	Rural Roo	ite Number,	
If them 28 is marked, or item 23 shows any injurated extensions and injurated extensions.	MPLEIED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Is 2 Accident 3 Suicide 8 G 4 Homicide 6 29a. CERTIFIER (Check only	Pending investigation Could not be letermined	28a. DATE Co. (Month, 28a. PLACE building	OF INJURY Day, Year) OF INJURY a, stc. (Specify, of my knowled)	At home, farm,	4 Nu ME OF JURY M street, fac	R: reing Hom 28c. INJ WC 1 ' ttory, office	IURY AT PRK? YES 2	NO NO	8 Other 28d. DES 28f. LOC City	ATION (S or Town,	treet and State)	d Number or	Aural Roc	ite Number,	
If them 28 is marked, or item 23 shows any injurated extensions and injurated extensions.	COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Is 2 Accident 3 Suicide 8 G 4 Homicide 6 29a. CERTIFIER (Check only	Pending investigation Could not be letermined FYING PNYS CAL EXAMIN	28a. DATE C (Month, 28a. PLACE building	OF INJURY Day, Year) OF INJURY a, stc. (Specify, of my knowled)	At home, farm,	4 Nu ME OF JURY M street, fac	R: reing Hom 28c. INJ WC 1 ' ttory, office	IURY AT PRK? YES 2	NO NO	8 Other 28d. DEs 28f. LOC City a to the care time, date	ATION (S or Town,	treet and State)	or as stated	Rural Roc	and manner as stated.	
If Item 28 is marked, or Item 23 shows any injur	E COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F 2 Accident 8 G 4 Homicide 8 G 29a. CENTIFIER (Check only one) 2 MEDIA	Pending investigation Could not be letermined FYING PNYS CAL EXAMIN	28a. DATE C (Month, 28a. PLACE building	OF INJURY Day, Year) OF INJURY a, stc. (Specify, of my knowled)	At home, farm,	4 Nu ME OF JURY M street, fac	R: reing Hom 28c. INJ WC 1 ' ttory, office	IURY AT PRK? YES 2	NO NO NO NO NO NO NO NO NO NO NO NO NO N	8 Other 28d. DEs 28f. LOC City a to the care time, date	F (Specify BCRIBE H ATION (S or Town, use(s) an	treet and State)	d Number or	Rural Roc	and manner as stated.	

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randelle

Katzer MD 8926 Woodyard Rd. #201 Clinton, Md 20735

DHMH-18 Rev 1/89

31. DATE FILED (Month, APR

1"9" 90

	9	ctor,	
	200	dire	
	ath. P	uneral	
	after de	y the f	,
1	4 hours	filled in b	
	DSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 nr	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, thin 72 hours after death with the State Dept. or Health and Memal Hygiene prior to burial, cremation, or removal.	
	execut	and or	**
	ate be	ysician prior 1	
	certifica	fing ph ygiene	
	death (attend ental H	
	at the	by the	
	ires th	signed lealth	
	w requ	t. of h	
1	The la	e has	
	ICIAN:	pertifical the Sta	
)	PHYS	this o	
	NDING	: After	
	ATTE	RECTOR after	
	LOF	Pour	
	SPITA	Thin 72	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)			0,112 01			OF DEATH			3. TIME OF DEATH	
Willia	m H. Austín				Apr			YEAR	7:55 PM M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTH	PLACE (State or Foreign	
223 48 0713	1 🔀 M 2 🗆 F	51 YRS.	MONTHS DAYS	HOURS MIN.	11/	19/193	8	Vir	ginia	
9a, FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	R LOCATION OF DE	EATH		9c. COUNT	Y OF D	EATH	
2809 Federal Lan	e		Bowie M	aryland			Prin	ce	George's	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CiTY	TOWN OR LOCAT	ION					10d. INSIDE CITY	
Maryland Prin	ce George's	Bow							LIMITS?	
10s. STREET AND NUMBER	ce ocorge s	1 2011		. ZIP CODE			10g. CITIZI	EN OF V	WHAT COUNTRY?	
2809 Federal Lan	e			20715			Uni	ted	States	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAI			or No-	4. RACE	- American Indian,	
1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 TYES		1 Tyes, sp	ecify Cuben, Mexica 2 NO Specif	in, Puerto i y:	No.		Speci	White, etc.	
		No							white	
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S to (Give kind of will life. Do NOT use	ork done during mo	ON ast of working	186	. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +) 4	Engi			A	ustin	Assoc	iat	es	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
John Howard Aust	in			Martha	a Cau	dell				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Num	bar, City or Town	, State, Zip C	Code)		
Nita Austin		2809	Federal	L Lane Bo	owie	Maryla	ind 2	2071	5	
20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rem	208	o. PLACE OF DISPOSE	ITION (Name of cer	metery, cremetory or		20c. LO	CATION — C	ity or To	wn, State	
4 Donation 5 Other (Specify)	M	etropolit				A1	exand	lria	Virginia	
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE)		ND ADDRESS OF FA		ral Ho	me P	Α.		
Folset C.	Eleins (200-		00 Annapo					20715	
23. PART I. Enter the diseases, or	complications that cause	d tha deeth, Do no							Approximate	
iMMEDIATE CAUSE (Final	List only one cause on a	ech line.		67					Onset and Death	
disease or condition resulting in deeth)	Levely.	ellis	u)	Lux	OND	LONI	ماه		911)	
	DUE TO (OR AS	A CONSEQUENCE OF	Ş:	0					300	
Sequentially list conditions,	a prin	now	y 20	Mar		ROL				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
resulting in death) LAST	4		,							
	0									
PART II. Other significant condition	e contributing to deeth t	out not resulting in	n the underlyin	g cause given in	Part i.	24e. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
					_	1 YES 2	NO		OF DEATH?	
	~~	me							1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)			-			
1 YES 2 NO	1 Inputient 2 GER/Out	patient 3 DOA 28b, TiME		JURY AT		F (Specify)	A HIBY OCC	IBED		
1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	YES 2 NO	200.00	SCHIBE HOW II	NOON! OCC.	UNEU		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	Y — At home, farm, s			28f. LOC	ATION (Street a	and Number o	or Rural	Route Number,	
4 Homicide determined	building, etc. (Spe	icffy)			City	or Town, State)				
290. CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of my know	riedge death occurre	d at the time date	and place, and du	to the ce	use(s) and mar	nor se state	4		
0001	ER: On the basis of examination								s) and manner as stated.	
29b. SIGNATURE AND TIME OF CONTIFIE	R			29c, LICENSE NU	MAFR		29d DATE	SIGNE) (Month, Day, Year)	
12113	elletho	M		DIIC	14		> 1	11	17190	
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)	011	, ,	J		,1	1110	
Robert L. Batslee	r, M.D. 143	8 Defense	e Highwa	ay, Gambi	rills	Maryl	.and			
31. DATE FINED (MYNING DOLD GOD)	HEGISTRAR'S SIGN									

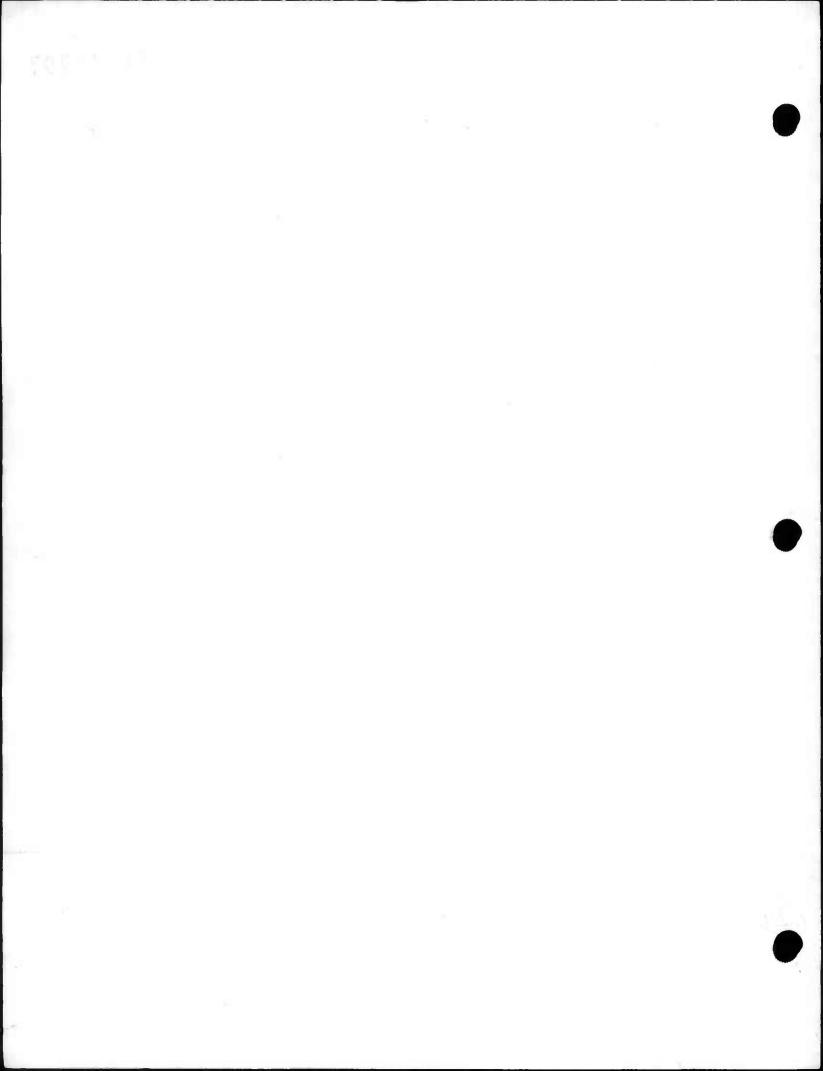
BALTIMORE, MARYLAND 21203-3146

2 8 8	V AT AT	S PEN	O NO TA	2 2 2	O State	Cert	AN Infect
Z 0 5 3		Z A Z	VISI ATTEN	VISIOP ATTENDIN RECTOR: Aft	VISION A ATTENDING PRECTOR, After t	VISION OF A ATTENDING PHYS RECTOR: After this	VISION OF N A ATTENDING PHYSICIA RECTOR: After this cert
/ISION OF VIT ATTENDING PHYSICIAN: ECTOR: After this certifica	SION OF VIT FENDING PHYSICIAN: OR; After this certifica	ON OF VIT DING PHYSICIAN: After this certifical	G PHYSICIAN:	OF VIT	SICIAN:	AN:	
/ISION OF VITAL ATTENDING PHYSICIAN: The COTOR: After this certificate by Cotor and with the Street	SION OF VITA FENDING PHYSICIAN: The OR: After this certificate h	ON OF VITA DING PHYSICIAN: The After this certificate h	OF VITA G PHYSICIAN: The er this certificate h	OF VITA HYSICIAN: The his certificate h	VITA SICIAN: The certificate the	ATA AN: The ificate h	Z f a
/ISION OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this centificate has	SION OF VITAL FENDING PHYSICIAN: The law OR: After this centificate has	ON OF VITAL DING PHYSICIAN: The law After this certificate has	OF VITAL G PHYSICIAN: The law er this certificate has	OF VITAL HYSICIAN: The law his certificate has	SICIAN: The law certificate has	ATAL AN: The law incate has	The law
VISION OF VITAL REATERDING PHYSICIAN: The law re-	SION OF VITAL REFERENCIAN: The law rest TRANSING PHYSICIAN: The law rest One shart this certificate has been to the control of the plant of the	ON OF VITAL REDING PHYSICIAN: The law resident this carificate has been death with the State hand of the control of the contro	OF VITAL BE G PHYSICIAN: The law re- er this certificate has been	OF VITAL RE HYSICIAN: The law ref his certificate has been	: VITAL RE SICIAN: The law red certificate has been	AN: The law red incate has been of	FAL RE The law red tte has been
VISION OF VITAL REC ATTENDING PHYSICIAN: The law require ECTOR, After this certificate has been sig-	SION OF VITAL REC TENDING PHYSICIAN: The law require to the certificate has been signed to death with the Chief of the Signed to death with the Chief of the Signed	ON OF VITAL REC DING PHYSICIAN: The law require After this certificate has been sig	N OF VITAL REC 6 PHYSICIAN: The law require er this certificate has been sign	OF VITAL REC. HYSICIAN: The law require his certificate has been sig-	- VITAL REC SICIAN: The law require certificate has been sig	/ITAL REC AN: The law require fificate has been signal	TAL REC The law require tte has been sig
VISION OF VITAL RECOF	SION OF VITAL RECOF TENDING PHYSICIAN: The law requires th OR, After this carrificate has been signed than death with the Citae have not Health	ON OF VITAL RECOF DING PHYSICIAN: The law requires th Affer this certificate has been signed Accept, with the Strain Plant of Health	N OF VITAL RECOF G PHYSICIAN: The law requires th ent this certificate has been signed ent this certificate has been signed.	OF VITAL RECOF HYSICIAN: The law requires th min confidente has per ord Health min the China per per ord Health	VITAL RECOF SICIAN: The law requires the certificate has been signed the Cycle Dent of Health	/ITAL RECOF AN: The law requires th fifcate has been signed	FAL RECOF The law requires the has been signed
VISION OF VITAL RECORD ATTENDING PRYSICIAN: The law requires that I ECTOR, after this conflictue has been signed by	SION OF VITAL RECORD FENDING PHYSICIAN: The law requires that 1 DR. After this certificate has been signed by the death with the State Dank of Health and	ON OF VITAL RECORD DING PHYSICIAN: The law requires that I After this certificate has been signed by doorn with the Citate Date of Health and	N OF VITAL RECORD G PHYSICIAN: The law requires that I et this certificiate has been signed by the with the Crase hand of Hallih and	OF VITAL RECORD HYSICIAN: The law requires that I his carificate has been signed by his carificate has been signed by his carificate has been signed by his carificate has been signed by	F VITAL RECORD SICIAN: The law requires that I certificate has been signed by the State Dang of Health and	/ITAL RECORD AN: The law requires that it ifficate has been signed by crass. Door of Health and	FAL RECORD The law requires that it the has been signed by
VISION OF VITAL RECORDS, ATTENDING PHYSICIAN: The law requires that the ECTOR. After this certificate has been signed by the change down with the State have of Health and M.	SION OF VITAL RECORDS, TENDING PHYSICIAN: The law requires that the 10R. After this certificate has been signed by the face footh with the State Dear of Health and Mar.	ON OF VITAL RECORDS, DING PHYSICIAN: The law requires that the rafficiate has been signed by the form, with the China Deep of Health and M.	N OF VITAL RECORDS, G PHYSICIAN: The law requires that the ret this certificate has been signed by the thin the State hand of Health and M.	OF VITAL RECORDS, HYSICIAN: The law requires that the linis certificate has been signed by the lamb the state hand in Health and Mainth the state.	F VITAL RECORDS, SICIAN: The law requires that the carificate has been signed by the me. Stress from or designed by the	/ITAL RECORDS, AN: The law requires that the infrare has been signed by the	FAL RECORDS, The law requires that the tate has been signed by the
VISION OF VITAL RECORDS, P ATTENDING PHYSICIAN: The law requires that the deatl ECTOR, After this certificate has been signed by the atte	SION OF VITAL RECORDS, P TENDING PHYSICIAN: The law requires that the deatl ORE, After this certificate has been signed by the atte Act doorh with the State Dear of Health and Mental	ON OF VITAL RECORDS, P DING PHYSICIAN: The law requires that the deatl After this certificate has been signed by the atte	N OF VITAL RECORDS, P 6 PHYSICIAN: The law requires that the deatl when this certificate has been signed by the atte	OF VITAL RECORDS, P HYSICIAN: The law requires that the deatl his certificate has been signed by the atte when the stran hand in Health and Marial	: VITAL RECORDS, P SICIAN: The law requires that the deatl certificate has been signed by the state the state Day of Health and Mental	AITAL RECORDS, P AN: The law requires that the deat fifticate has been signed by the atte	FAL RECORDS, P The law requires that the deat the has been signed by the atte
VISION OF VITAL RECORDS, P.O ATTENDING PHYSICIAN: The law requires that the death ce ECTOR: After this certificate has been signed by the attending	SION OF VITAL RECORDS, P.O TENDING PHYSICIAN: The law requires that the death ce OR, after this certificate has been signed by the attending the control with the Stree form from or Health and Montal Han	ON OF VITAL RECORDS, P.O. DING PHYSICIAN: The law requires that the death ce After this cartificate has been signed by the attending After this cartificate has been af Health and Montal Hand	N OF VITAL RECORDS, P.O. G PHYSICIAN: The law requires that the death ce this certificate has been signed by the attending the with the Strate Dark of Health and Mental Hom.	OF VITAL RECORDS, P.O HYSICIAN: The law requires that the death ce his certificate has been signed by the attendin	: VITAL RECORDS, P.O SICIAN: The law requires that the death ce certificate has been signed by the attending the Cytes Dark of Health and Montal Hou	/ITAL RECORDS, P.O AN: The law requires that the death ce fificate has been signed by the attendin Cities have not Health and Montal Hou	FAL RECORDS, P.O. The law requires that the death ce the lass been signed by the attending the hard of Health and Mentral Houring
DIVISION OF VITAL RECORDS, P.O. BO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate To THE FUNERAL DIRECTOR: Address this certificate has been signed by the attending physical control of the control of the physician and when the cytes have of the plant of Hospita and Mental Hospitan and	SION OF VITAL RECORDS, P.O. I TENDING PHYSICIAN: The law requires that the death certifi DR: After this certificate has been signed by the attending the fear death with the State Death of Health and Mental Pholiph	ON OF VITAL RECORDS, P.O. I DING PHYSICIAN: The law requires that the death certificate has been signed by the attending channel with the Chan Dang of Health and Mental Horing	N OF VITAL RECORDS, P.O. I G PHYSICIAN: The law requires that the death certifi- er this certificate has been signed by the attending per the with the State Dank of Health and Mental Hering	OF VITAL RECORDS, P.O. I HYSICIAN: The law requires that the death certificate has been signed by the attending paint, the Chain part of Health and Mornal Horisin.	: VITAL RECORDS, P.O. I SICIAN: The law requires that the death certificate has been signed by the attention the	/ITAL RECORDS, P.O. I AN: The law requires that the death certificate has been signed by the attending of state hard certificate hard red Health and Mental Huming	TAL RECORDS, P.O. I The law requires that the death certifi he has been signed by the attending to the near of Hashitt and Mental Huging

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		ICATE C			NENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Lest)	ACAMP	ORA				2. DATE OF DEATH MONTH 4 16	90	YEAR	3. TIME OF DEATH A: 20 PM	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey)	IF UNDER 1 YE		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	**	
98. FACILITY NAME (If not institution, give stre		71 '''	9b, CITY, TOY	VN OR LOCATI	ON OF DE	6/12/1918 ATH	9c, COU	New NTY OF D	York	
Washington Advent	ist Hospita	1	Takoma	a Park	Mary	vland	Mont	tgome	erv	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			Y. TOWN OR LO			,			10d. INSIDE CITY	
Maryland Anne A	rundel		fton	- CATION					LIMITS?	
10e. STREET AND NUMBER		1010	1 2011	10f. ZIP COD	E		10g. CITI	ZEN OF V	WHAT COUNTRY?	
1739 Reynolds Str	eet			21114	4		Uni	ited	States	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 \(\subseteq \text{ YES} \)	2 NO	if yes	, specity Cubs	n, Mexica	IC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No-	Bleci	E — American Indian, k, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	No No	10	YES 2½ NO	Specify	No		Speci	White	
15. DECEDENT'S EDUCA (Specify only highest grade of		16e. DECEDENT'S	work done durin		ng	18b. KIND OF BUS	SINESS/INC	VISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u					0			
17. FATHER'S NAME (First, Middle, Last)	4	Chemis	τ	16. MOT	HER'S NA	WE (First, Middle, Melden		ernma	ant	
Peter Fedyk						nine Billi				
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	3 ADDRESS (Str			Route Number, City or Tow		Code)		
Mario A. Acampora						Crofton Ma				
20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Ramov	val from State	b. PLACE OF DISPO other place)					CATION —		- Indiana	
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		aryland '	22. NAM	E AND ADDRE	SS OF FA	CILITY			e Maryland	
▶ Robert E. E	ivans. K	res.				Funeral Ho			20715	
23. PART I. Entar the diseases, or co	omplications that cause					Lis Rd. Boy has cardlac or respi			Approximate	
shock, or haart failure. L. IMMEDIATE CAUSE (Final	ist only one cause on e	each line.	1	0					Intarval Batween Onset and Death	
disease or condition resulting in death)		usper 1140	rey xa	illire					muley	
	DUE TO (OF AS	WACOUR I	andu	o Rep	6m	failure.		,	morall	
Sequentially list conditions, if any, lasding to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Provider to Consequence of the Consequence of t										
CAUSE (Disease or injury										
that initiated events resulting in death) LAST										
PART It. Other significant conditions	contributing to death	but not resulting	In the under	fylna cause	alven in	Part I. 24e. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINDS	
			in the anger	lying cadac	911011111	PERFO	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
						_ 10 (23)	X		OF DEATH? 1 YES 2 NO	
	HOSPITAL:		OTHER:	6. PLACE OF D						
1 TYES 2 NO NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b, TII	ME OF 280	. INJURY AT	esidence	6 ☐ Other (Spec/ly) 28d. DE\$CRIBE HOW I	NJURY OC	CURED		
Netural 6 Pending Investigation	(Month, Day, Year)	IN	M 1	WORK?	□ NO					
Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, scify)	street, factory,	office		28t. LOCATION (Street City or Town, State)		r or Rural	Route Number,	
29a. CERTIFIER										
(Check only	CIAN: To the best of my known in the basis of examination								a) and menner as stated.	
296. BIGNATURE AND TITLE OF CENTIFIER	lth			295 (10	23	WBER US	29d. DAT	E SIGNE	6 90	
Martin D. Watz	2 1525 AU	EATH OTEM ED COO	TR ON	W SI	een	cult ma	ny)a	all	20770	
31. DATE FILED (Month, Day, Year) APR 23 90	lia Davidson Man	dest.		· ()			1			



hos	ache		9
4	det		0
3	d be		l at
ined	hour		flec
Teta	55		not
3	age		pe
E	0¢, p		121
99	rect		E
E	PR		mei
eath	hunei		E
p Ja	the	Nal.	6
s af	3	emo	dica
200	B	6	E
5	/ Silve	tion,	the
ithin	letel)	еша	nt,
₩ ₩	ошо	al. Ct	20
ecut	o pu	buri	atic
8	an a	2	Ë
de b	Sici	buo	2
tifica	F	ene	ther
93	ding	F	0 1
leath	atte	ma	7, 0
the	the state	Me	큳
hat	d by	and	'n
res t	igne	ealth	50
equi	en s	E TO	how
W L	s be	pt.	3 8
be a	has	e De	2 H
N. T	Scate	Stati	le.
CIA	certif	the	9
H-SS	his (with	ked
NG P	ter t	ath	mar
Q	R: Al	er de	40
ATE.	000	afte	28
SR.	1	ULL	E
	8	8	
M	AL DIS	72 ho	H H
SPITAL	INERAL DIS	thin 72 ho	NT: If Ib
E HOSPITAL (E FUNERAL DIS	d within 72 ho	RTANT: If It
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		OTATE OF I	IADVI AND /	DEDAG		05.11	PAIVI	AND I		127/Q1EN		90	12	798
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First,			WARYLAND /		ICATE				2. DATE O	REG. NO		YEAR	3. TIME OF	
-	Arvella Ann	na Alle	en							Apri	-	1990		6:00	2 a. m
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. lesi	t birthday)	# UNDER	YEAR	# UNDER	24 HRS.	7 DATE O	E BIRTH	1950		HPLACE (State	or Foreign
	220-54-4578	3	1 M 2 TxF	84	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month,	28,	1005	Coun	nsylva	
1	9a. FACILITY NAME (If not in:		31	04		01 00001					20,				nia
_								R LOCATIO	ON OF DE	EATH		200000	NTY OF I		
ö	170 South F		et Stree	t		Hag	ersi	town		15		Wasl	ning	ton	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		400 017	Y, TOWN O	010047	1011						10d. INSIDE	OFF
2					1,2,2,2	.,								LIMITS:	CHY
	Maryland	wasni	ington		H	agers	towi	n						KX YES	1 ON 1
FUNERAL	10e. STREET AND NUMBER						10f.	ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNT	AY?
8	170 South F	rospec	t Street	t			2	1740				US	SA		
Ξ	11. MARITAL STATUS			T EVER IN U.S. AR	MED	13. V	WAS DECI	ENDENT C	F HISPAN	NIC ORIGIN?	(Specify Ye			E — American	Indian.
BY FL	1 Never Married 2 3 Widowed 4 Divo		FORCES?	NAR OR DATES		H	yes, spe			in, Puerto Ri			Blac	ck, While, etc.	
0		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BU	SINESS/INC	DUSTRY		
COMPLETED		highest grade		(Gi	ive kind of	work done d			ng						
7	Elemantary/Secondary (0 12	-12)	College (1-4 or 5	+)		sewif	_								
2					nou	sewii	е		_						
8	17. FATHER'S NAME (First, M							18. MOTI	HER'S NA	ME (First, Mi	ddle, Maiden	Sumame)			
BE	William H.	Voorhe	ees]	Ellen	L. L	auder	nber	ger	
	19a. INFORMANT'B NAME (7)	ype/Print)		191	. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Numbe	r, City or Tou	vn, State, Zij	Code)		
2	Arthur W. A	llen			2750) Vir	gini	a Ax	re. 1	#C215	.Will	iamsr	ort	,Md. 2	1795
- 1	20a, METHOD OF DISPOSITI	ON		20b. PLACE										Town, State	2173
- 3	1 🗆 Buriel 2 🗵 Crematio	n 3 🗆 Reme	oval from State	other of	lane				natury or						1
- 8	4 Donation 5 Other			Smith	sburg						_	thsbu	ırg,	Maryl.	and
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			MI	NNIC	HADANE	PREKA	AL HOL	ME				
2	1. Smit	+M	mice	1.		41	5 E.	Wil	son	R1vd	На	oerst	OWN	, Md.	21740
	0000	1 /	-												-
	23. PART I. Enter the di shock, or he	eart failure.	complications the	at caused the de use on asch lime	etti. Do	not entar	the mo	da of dy	ing, suc	ch se cardi	ac or reap	iratory sr	reat,		oximate rai Between
	IMMEDIATE CAUSE (Fin		(11)	1. 1	1.		1	- /	7 9	+/	7	1			t and Death
	disease or condition resulting in deeth)												*		
	BUE TO JOR AS A CONSEQUENCE OFF:														
	There de to Cornay Parce disease Care														
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)														
Ĕ	If any, leading to imme	diate	- DOE IC	fon As A Consec	JUENCE C	or p.		(
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or inju		C					3.7							
는	that initiated events		DUE TO	OR AS A CONSE	DUENCE C	OF):									
-	resulting in death) LAS	· .	d												
0					- / 5								_		
AL	PART II. Other significa	ent condition	s contributing to	death but not r	resulting	in the un	derlying	cause	given in	Part I.	24e. WAS AP PERFO	RMED?	24	Ib. WERE AUTOR	
2											1 TYES	2 TJ NO-	1	OF DEATH?	OF CAUSE
										- 1				1 TYES	2 🗆 NO
2															
Z															
5	25. WAS CASE REFERRED TO EXAMINERS	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	DEATH (C)	heck only one)				
PHYSICIAN: MEDICAL	1 LIVES 2 INO			☐ ER/Outpatient 3	□ DOA			6 5 Q A	galdence	6 🗆 Other	(Specify)				
£	27. MANNER OF DEATH		28a. DATE O		28b. TH		28c. INJ			28d. DE\$4	CRIBE HOW	INJURY OC	CURED		
		Pending Investigation	(worth,	Day, Year)	100	JURY M		PIK?	NO						
BY	a Daniel		28e, PLACE	OF INJURY — At he	me ferm	street, fact	ory office			28/ LOCA	TION (Street	and Numbe	e or Rum	l Route Number,	
B		Could not be determined	building	, atc. (Specify)	,	, 1401				City o	r Town, State)		TOTAL THE PROPERTY.	
E															
7	29a. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the best of	of my knowledge, de	eth occur	red at the 1	me, date	and place	, and due	e to the caus	ee(a) and ma	enner aa sta	ried.		
COMPLET	one)	157 Table 1	Desired to the second	examination and/or		4								(a) and manne	r as stated.
8				Λ	7	11									(CECESTO)
BE	296. SIGNATURE AND TITLE	U CENTIFIEI	10	Nonin	.01	MAN	an	\29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNE	ED (Month, Dey,	10ar)
10	1 June	Ma	M	The work	y I	V //	V	DO	143	59			41	16191)
F	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	USE OF DEATH (ITE	M 27) (Typ	e. Printi				. 1					

Julia Varider Pondass

DHMH-16 Rev 1/89

	9	78	
DALI	seath.	funera	
à	after o	y the	TOWN
	SUNO	d in b	Or res
	5	/ filler	hon
ó	within	pleteh	Crama
DIVISION OF VITAL RECORDS, F.O. BOA 13146,	xecuted	and con	hurial
<	De e	Sign	or to
	Scate	physic	in ani
j	certi	guipo	Humian
r.	death	atte	amfai
2	the the	y th	M bu
	s tha	ned t	alth 2
1	aunba	en sig	of Ha
	ME	as be	Jane
1	He	ate h	late [
>	ICIAN	ertific	the S
5	PHYS	this (with
2	DING	After	death
2	TTEN	CTOR:	24than
2	OR /	DIRE	hours
	DITHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Pr	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	a flad within 20 hours after death with the State Deat of Health and Mental Mortiene brior to hurial cremation of removal
	THE	THE	Blad
	0	0	

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT OF I		MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Elizabeth	Corine	Andr	ews	2. DATE OF DEATH MONTH HOVI) DAY	1990 040 6
	4. SOCIAL SECURITY NUMBER 2. Sa. FACILITY NAME (# not institution)	1 1 1 M 25 6 2		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE.	7. DATE OF BIRTH (Month, Day, Year) 2-5-1928 ATH 90.0	8. BIRTHPLACE (State or Foreign Country) Norfolk Va. COUNTY OF DEATH
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Peninsula Gener	al Hospital	\$alisbbu			omico
DIRECT	10a. STATE 10b. CC		Jalisbury	ma	/.	10d. IHSIDE CITY LIMITS2 1 ☐ YES 2 ☐ NO
FUNERAL	53/ E. Willi	am steet	/1	2/80/	10g.	U. S. A.
BY FUN	11. MARITAL STATUS 1 Nayes Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO If yes, a	CENDENT OF HISPAH pecify Cuban Mexicar S 2 4 NO Specify		9— 14. RACE — American Indian, Black, White, etc. Specify: B/K
LETED	15. OECEDENT'S (Specify only highest Elementary/Secondary (0-12)		Ga. DECEDENT'S USUAL OCCUPAT. (Give kind of work done during mile. Do NOT use retired.)	ION lost of working	18b. KIHD OF BUSINESS	3/INDUSTRY
once. COMPL	17. FATHER'S HAME (First, Middle, Les	10	Vomest	18. MOTHER'S NAI	WE (First, Middle, Maiden Surnan	tories
ed at	George Jos	res	19b. MAILING ADDRESS (Street	and Number or Rural F	Jones Number, City or Town, State	n, Zip Code)
TO TO	Bruce E.	White	P. O. Box 4	58/ Sa	lisbury mo	, 21801
must	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from Stata	have place) Les by Cen	t.	Cottons	H - City or Town, State
ical examiner	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	22. HAME A		Salisbons Finer	l Home
or other traumatic event, the medical ERTIFICATION	shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	h line. L Farlure ONSEQUENCE OF) ONSEQUENCE OF	ione j	Rephrojath	y srrest, Approximata Interval Betwee Onset and Deal
hows any injury. MEDICAL C	PART II. Other significant cond	ditions contributing to death but			Part I. 24e. WAS AN AUTOI PERFORMED? 1 VES 2 HO	AMAILABLE PRIOR TO
SICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:	OTHER:	PLACE OF DEATH (Ch		
ked, o	27. MANNER OF DEATH Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 26c. IN INJURY	Me 5 Residence IJURY AT PORK? YES 2 NO	28d. DESCRIBE HOW INJURY	/ OCCURED
28 Is	2 Accident Investigat 3 Suicide 8 Could not determine	ot be 28e. PLACE OF INJURY — building, atc. (Specify)	At home, tarm, street, factory, offi		26f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
V = =	onel	PHYSICIAH: To the best of my knowled				a stated. to the cause(s) and manner as stated.
IMPORTANT: TO BE CON	29b. SIGHATURE AHO TITLE OF CER	oleg /	us	D2	BER \$2/9 ►	DATE SIGHEO (Month, Dey. Year) 4-7-90-
	Dr.Charles	STEGMAN R	t. 3 Box 3 1	PriNce_AN	we med 21	853
	APR 1 1 On	2. REGISTRAR'S SIGNATI	URE			

i examiner must be notified at once. TO BE COMPLETED BY FL	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMP
the funeral director, page 5 should be detached for use as the burian and. sal. si examiner must be notified at once.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physic
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

6

	1 - STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH					
	EVELYN M.	AULT			April 28,	1990	3:00 P M					
1 0		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRT						
1 7	220-16-6663 ¹□MXX F	69 yrs.				*	WV					
l m	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE	ATH	9c. COUNTY OF						
ē	Memorial Hospital		Cumbe	rland		Allega	ny					
DIRECTOR	10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?					
	WV Mineral	R	idgeley,				1 TYES NO					
7 ₹	10e. STREET AND NUMBER		101	ZIP CODE		V 1.	WHAT COUNTRY?					
FUNERAL	Route 2 Box 75 11. MARRITAL STATUS 12. WAS DECEDENT EV.	ED MILLS ADMED		26753	IIC ORIGIN? (Specify Yea	USA	OF Assume to the					
	11. MARITAL STATUS 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married		If yes, sp		n, Puerto Rican, etc.)	Blac Spe	CE — American Indian, ck, White, atc.					
B	3 Widowed 4 Divorced	n Dates	1 7 7 63	ALX NO Specify	· 	, spe	white					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEOENT'S (Give kind of	work done during mo se retired.)	ON ist of working	16b. KINO OF BUS	SINESS/INOUSTRY						
<u>"</u>	Elamentary/Segondary (0-12) College (1-4 or 5 +)	housewi			own hon	20						
₩	17. FATHER'S NAME (First, Middle, Last)	TIOUSEWI	re	18 MOTHED'S NA	ME (First, Middle, Maiden							
	Holdridger L. Henry				Leona Dec		ry					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADORESS (Street a	and Number or Rural F	Route Number, City or Tow	n, State, Zip Code)						
٩	Ernest M. Ault	Route	2 Box 75	Cumberl	and, MD 21	.502						
	20a_METHOD OF DISPOSITION 1 ← Burlal 2 ☐ Cremation 3 ☐ Ramoval from State	20b. PLACE OF DISPO	SITION (Name of cer	metery, cremetory or		CATION - City or 1	A LEGISTRE					
	4 Donation 5 Other (Specify)	HillCrest				erland,	MD					
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	//	Scarp	elli Fun	eral Home D 21502							
	(lones + scar	pelh										
	23. PART I Enter the diseases, or complications that can book, or heart failure. List only one cause of		not antar the mo	da of dying, suc	h as cardiac or man	ratory arrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition	· A	CTIA. S	dock	V	the same	Onset and Death					
	resulting in death)	AS A CONSEQUENCE	0 1 vu	My .	2) 00	,- \	Des					
_	Sequentially list conditions (1860) Carlot Wards											
9	Sequentially list conditions, if any, leading to immediate DUE TO JOB AS A CONSEQUENCE OF											
S	cause. Enter UNDERLYING CAUSE (Disease or Injury											
<u>E</u>	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
Ü												
A P	PART II. Other significant conditions contributing to dea	th but not resulting	in the underlyin	g causa given in	Part I. 24s. WAS AN PERFOI		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC			-		1 YES 2	12 NO	OF DEATH?					
M					_		1 TES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28 P	LACE OF DEATH (Ch	eck only one)							
SICI	EXAMINER? HOSPITAL:	Outpatient 3 DOA	OTHER:		8 Other (Specify)							
Ή	27. MANNER OF DEATH 28s. DATE OF INJU	JRY 28b, TII	ME OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	NJURY OCCUREO						
ВУ Б	Netural 5 Pending Investigation			YES 2 NO								
		JURY — At home, farm, (Specify)	atreet, inctory, offic	:a	28f. LOCATION (Street City or Town, State		I Route Number,					
					L							
COMPLETED	(Check only one)						0.0000000000000000000000000000000000000					
9	MEDICAL CON DIE SINGLE ON DIES SINGL	nation and/or investigat	on, in my opinion, o			1						
BE (296. SIGNATURE AND STILE OF CERTIFIER		SI	29c. LICENSE NUI	MBER S	29d. DATE SIGNE	O (Modern, pray, man)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Ton	e. Print)	1)12	11	4/3) (X					
	Dr. Guy Fiscus (Memorial Hos			lding. C	umber land.	Md . 215	502					
	31. DATE FILED (Month, Day, Year) @ 32. REGISTRAR'S	SIGNATURE	TCUT DUI		- Labor Adird	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	MAY 02 1990 of fire Twinter	-Mandalle										

9.0

.

a c	Q		
spit	Dec		3
2	tac		ace.
\$	e de		0
9	Q P		10
ined	HOU		flec
reta	S S		ioti
2	90		9
nay	. Da		11
9	ctor		ng
906	dire		10
g.	100		uju u
eath	fune		Xan
100	the	2	0
aff.	6	OM:	lica
SINC	5	H	nec
-	illed	9,0	9
2 11	Je y	atio	ŧ
专	plete	rem	H.
2	E	J. C	Š
The CET	D D	unia	tic
8	1 20	8	ma
2	iciai	100	Tau
cate	Mys	d e	or t
JE.	D D	Dien	othi
93	ndi	¥	10
leat	atte	mtal	Š
2	196	Me	=
म	3	and	y i
#S	ned	=	9
uire	Sign	Hea	W.S
9	een	ŏ	She
SW.	as b	ept.	23
2	100	0 9	E
N.	Cat	Stal	2
CA	ertif	the	9
S	S	=	ed,
4	4	A W	ark
NG.	Afte	Seat	E
8	ď	76	50
AT	8	s aft	28
OR	JIRE	OUL	em
AL (71	2	1
TIME	ER	in 7	T
H08	S	E.	TAN
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO	TO	e fil	AP.
lane	lan-	D	-

31. DATE FILED (Month, Day, Year)
APR 2 6 90

DECEDENT'S NAME (First,	Middle, Last)			ERTIF	^	1			2. DATE	REG. NO	AY	YEAR	3. TIME OF DEATH
BERTHA		LENC)RA		A	da	ms		Ap	Ril 2		990	2-50
SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRTH	HPLACE (State or Foreig
112-74-1	056	1 🗌 M 2 🔯 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.		Y 13,1	910		RYLAND
FACILITY NAME (If not in		treet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE				NTY OF D	DEATH
eninsula Ge		Hospital	L f		Sal:	isbu	ry, F	1D			Wice	omic	0
ESIDENCE OF DEC	10b. COUNT	v		1 40 - 017	Y, TOWN (DD 1001							Las mane and
				10c, C11									10d. INSIDE CITY LIMITS?
MARYLAND	WICC	OMICO			SALI	_	XY				T 40 007	17511 05 1	1 X YES 2 NO
						10					10g. CI I		WHAT COUNTRY?
704 ROGER	STREET							801					SA
. MARITAL STATUS Never Merried 2	Marriad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. /							N? (Specify Ye Ricen, atc.)	e or No—	14. RACI Blac	E — American Indian, ik, While, atc.
Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES			1 YES	2 XNO	Specify	y:			Spec	WHITE
15 DEC	EDENT'S EDU	CATION	140. 5	SCENEUTIO	l l	COLIDATI	241		1 40	VIND OF BU	01115001111	DUATEN	MUTIE
(Specify only	y highest grade	completed)	1	DECEDENT'S (Give kind of Ife. Do NOT u	work done	during mo	ost of workin	g	161	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+) "								HOME	,	
2 YEARS		NO		HOUSE	SWIFE						HOME	1	
, FATHER'S NAME (First, M		Uda.							ME (First,	Middle, Maiden			
GEORGE W.		BRITT	INGHAM					ILIA				FREE	MAN
e. INFORMANT'S NAME (7	ype/Print)									nber, City or Tox	vn, State, Zi	p Code)	
ANITA L. K				704 RC					RY, 1		801		
De. METHOD OF DISPOSIT	ION 4/2	24/90 lovel from State	20b. PLAC other	E OF DISPO	SITION (N	ame of ce	metery, crem	natory or			OCATION —		
☐ Donation 5 ☐ Other	(Specify)		WICO	OMICO	MEMO	ORIA	L PAR	RK		SA	LISBU	JRY,	MD
I. SIGNATURE OF FUMERA					22.	NAME A	ID ADDRES	SS OF EA	CH CTV				
11.50					T	TIOL	JULIA V	FIINI	PAT	HOME	PΔ		
1	27.	Valla	way		F	HOLL	YAWC	FUNI	ERAL	HOME,		v MI	21801
3. RART I. Enter the d		Complications the	-	deeth Do	F 5	HOLL 501	YAWC WONS	FUNI	ERAL L RD	, SALI	SBURY		D 21801
	Iseeses, or e		et caused file	deeth. Do	F 5	HOLL 501	YAWC WONS	FUNI	ERAL L RD	, SALI	SBURY		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir	Iseeses, or e	complications the	et caused fie duse on such ill	ne.	not enter	HOLL 501	YAWC WONS	FUNI	ERAL L RD	, SALI	SBURY		Approximate
shock, or h	Iseeses, or e	complications the	ot carried he cuse to the lite	e A	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir liseese or condition	Iseeses, or e	complications the	et caused fie duse on such ill	e A	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir liseese or condition	Iseeses, or cent fallure.	s. Due To	not caused he duse by the life of the life	EQUENCE O	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir liseese or condition esulting in death) Sequentially list condit f sny, leading to imme	iseeses, or eert failure.	s. Due To	ot caused he duse in his his his his his his his his his his	SEQUENCE OF	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI Ing, suc	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir Iliseese or condition esulting in death) Sequentially list condit f sny, leading to imme- seuse. Enter UNDERLY 2AUSE (Disesse or inju-	Iseeses, or eert fallure.	s. Due To	of cased he cuse of his his his his his his his his his his	EEQUENCE O	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI Ing, suc	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir Ilisease or condition esulting in death) Sequentially list condit f any, leading to imme euse. Enter UNDERLY: AUSE (Disease or init hat initiated events	liseeses, or cert failure.	s. Due To	ot caused he duse in his his his his his his his his his his	EEQUENCE O	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI Ing, suc	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir Iliseese or condition esulting in death) Sequentially list condit f sny, leading to imme- seuse. Enter UNDERLY 2AUSE (Disesse or inju-	liseeses, or cert failure.	s. Due To	of cased he cuse of his his his his his his his his his his	EEQUENCE O	not enter	the mo	OWAY SNOW ode of dyl	FUNI HILI Ing, suc	ERAL L RD	, SALI	SBURY elratory ar		Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir Ilisease or condition esulting in death) Sequentially list condit f any, leading to imme euse. Enter UNDERLY: AUSE (Disease or init hat initiated events	Iseeses, or eert failure.	s. Due To	of Canada me duse on the life of the life	SEQUENCE O	not enter	the mo	OWAY SNOW SNOW ode of dyl	HILI Ing, suc	ERAL RD h ss cor	, SALI	SBURY	reat,	Approximate Interval Bets
shock, or h MMEDIATE CAUSE (Fir Ilisease or condition equiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY EAUSE (Disease or inju- hat initiated events equiting in death) LAS	Iseeses, or eert failure.	s. Due To	of Canada me duse on the life of the life	SEQUENCE O	not enter	the mo	OWAY SNOW SNOW ode of dyl	HILI Ing, suc	ERAL RD h ss cor	, SALI	SBURY Interpretation of the second of the se	reat,	Approximate interval Betwoen and E
shock, or h MMEDIATE CAUSE (Fir Ilisease or condition equiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY EAUSE (Disease or inju- hat initiated events equiting in death) LAS	Iseeses, or eert failure.	s. Due To	of Canada me duse on the life of the life	SEQUENCE O	not enter	the mo	OWAY SNOW SNOW ode of dyl	HILI Ing, suc	ERAL RD h ss cor	SALI rdiac or resp	SBURY Interpretation of the second of the se	reat,	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir Ilisease or condition equiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY EAUSE (Disease or inju- hat initiated events equiting in death) LAS	Iseeses, or eert failure.	s. Due To	of Canada me duse on the life of the life	SEQUENCE O	not enter	the mo	OWAY SNOW SNOW ode of dyl	HILI Ing, suc	ERAL RD h ss cor	, SALI	SBURY Interpretation of the second of the se	reat,	Approximate Interval Betwoen and E Onset and E
shock, or h MMEDIATE CAUSE (Fit liseese or condition esuiting in death) Sequentially list condit f sny, leading to imme- seuse. Enter UNDERLY: AUSE (Disease or inju- hat initiated events esuiting in death) LAS PART II. Other significa	lseeses, or eert failure.	s. Due To	of Canada Medical Canada Maria Canada Maria Canada A Conservativa (Orans a Conservativa Maria Canada Maria Ca	SEQUENCE O	not enter	to the mo	OWAY SNOW SNOW Debt of dyl	FUNIHILI	ERAL RD th se cer	AMASALI Z4e. WASAFO 1 YES	SBURY Interpretation of the second of the se	reat,	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir Iliseese or condition esulting in death) Sequentially list condit f any, leading to imme- leuse. Enter UNDERLY CAUSE (Disease or inju- hat initiated events esulting in death) LAS PART II. Other significa	lseeses, or eert failure.	s. Due To	of Canada Medical Canada Maria Canada Maria Canada A Conservativa (Orans a Conservativa Maria Canada Maria Ca	SEQUENCE O	not enter	the mo	OWAY SNOW SNOW ode of dyl	FUNIHILI	ERAL RD th se cer	AMASALI Z4e. WASAFO 1 YES	SBURY Interpretation of the second of the se	reat,	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir ilseese or condition esuiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY CAUSE (Disesse or inju- hat initiated events esuiting in death) LAS PART II. Other signification EXAMINER? 1 YES 2 100	lseeses, or eert failure.	B. DUE TO	et couled he duse of the high	EQUENCE O	not enter	to the month of th	OWAY SNOW SNOW Ge of dyl CACE OF D CACE OF	FUNIHILI HILI Ing, suc	Part I.	AMAS AT PERFO	SBURY Interval and Autopsy RMED? 2 NO	244	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir Ilseese or condition esuiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY CAUSE (Disesse or inju- hat initiated events esuiting in death) LAS PART II. Other signification EXAMINER? 1 YES 2 100 7. MANNER OF DEATH	iseeses, or eert failure. ions, diete ing irry int condition	b. Due To c. Due To d. HOSBITAL:	et couled he duse of the high	SEQUENCE O	not enter	to the mo	OWAY SNOW Ide of dyl A Grant Company Grant Compa	FUNIHILI HILI Ing, suc	Part I.	AM N 24e. WAS AI PERFO 1 YES	SBURY Interval and Autopsy RMED? 2 NO	244	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fit liseese or condition esuiting in death) Sequentially list condit f sny, leading to imme euse. Enter UNDERLY AUSE (Disease or inju- hat initiered events esuiting in deeth) LAS PART II. Other signification S. WAS CASE REFERRED EXAMINER? 100 7. MANNER OF DEATH 1 Natural 5	lseeses, or eert failure.	b. Due To c. Due To d. HOSBITAL:	O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS)	SEQUENCE O	not enter	to the modern the mode	OWAY SNOW de of dyl A Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl Color of dyl	FUNIHILI HILI ing, suc	Part I.	AMAS AT PERFO	SBURY Interval and Autopsy RMED? 2 NO	244	Approximate interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir Ilseese or condition esulting in death) Sequentially list condit f any, leading to imme euse. Enter UNDERLY: AUSE (Disease or inju- hat initiated events esulting in death) LAS PART II. Other signification The condition of the condition of the condition The condition of the cond	Issesses, or eart failure. Ions, diete ING ING ING ING ING ING ING ING ING ING	B. DUE TO DUE	O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS) O (OR AS A CONS)	SEQUENCE O	not enter	to the modern the mode	OWAY SNOW Ide of dyl A Color of the color	FUNIHILI HILI ing, suc	Part I.	CATION (Street	N AUTOPSY RMED? 2 NO	244	Approximate Interval Bets Onset and C Onse
shock, or h MMEDIATE CAUSE (Fit liseese or condition esuiting in death) Sequentially list condit f sny, leading to imme- seuse. Enter UNDERLY AUSE (Disease or inju- hat initiated events esuiting in death) LAS PART II. Other significa	iseeses, or eert failure. ions, diete ing irry cart condition	B. DUE TO DUE	et couled he duse of the high	SEQUENCE O	not enter	to the modern the mode	OWAY SNOW Ide of dyl A Color of the color	FUNIHILI HILI ing, suc	Part I.	AMA AMA AMA AMA AMA AMA AMA AMA AMA AMA	N AUTOPSY RMED? 2 NO	244	Approximate Interval Bets Onset and C Onse
MMEDIATE CAUSE (Fit liseese or condition esuiting in death) Gequentially list condit fany, leading to immediate. Enter UNDERLY: AUSE (Disease or injuntat initiated events esuiting in death) LAS PART II. Other significations of the condition o	iseeses, or eert failure. eert failure. ions, diete ing iny ion condition To MEDICAL. Pending investigation Could not be detarmined	b. DUE TO d. DUE TO	et couled he duse of the life	SEQUENCE O	not enter	the mo	OWAY SNOW Ide of dyl A CAS GREEN LACE OF D LACE OF D RE JURY AT JURY	FUNIHILI HILI Ing, suc Uf Gle Gle Gle Gle Gle Gle Gle Gl	Part I.	24e. WAS AT PERFO	N AUTOPSY RMED?	24I	Approximate Interval Bets Onset and C Onse
shock, or h MMEDIATE CAUSE (Fir ilseese or condition esuiting in death) Sequentially list condit f any, leading to imme euse. Enter UNDERLY AUSE (Disease or inju- hat initiated events esuiting in death) LAS PART II. Other significate TAMINER? TOTAL STATE TOTAL	iseeses, or eert failure. eert failure. ions, diete ing iny ion condition on condition on Medical. Pending investigation Could not be detarmined	b. DUE TO c. DUE TO d. DUE	et consider to use of the life	SEQUENCE O Tresulting Topological Control Control Topological Control	not enter	the moderiying the mo	OWAY SNOW Ide of dyl A CAR CAR CAR CAR CAR CAR CAR	FUNIHILI HILI Ing, suc U Gle Gle Gle Gle Gle Gle Gle	Part I.	24e. WAS AI PERFO	N AUTOPSY RMED? 2 NO INJURY OC	24i CCURED or or Rural	Approximate Interval Bets Onset and E Onse
MMEDIATE CAUSE (Fit liseese or condition esulting in death) Sequentially list condit fany, leading to immediate. Enter UNDERLY: AUSE (Disease or injuntat initiated events esulting in death) LAS PART II. Other signification of the condition of	Issesses, or eart failure. Ions, diete ING ING ING ING ING ING ING ING ING ING	B. DUE TO DUE	et consider to use of the life	SEQUENCE O Tresulting Topological Control Control Topological Control	not enter	the moderiying the mo	OWAY SNOW Ide of dyl A CACE OF D ILACE	FUNIHILI HILI ing, suc Cle given in BEATH (Ch Besidence NO	Part I. 26d. De time, dat	24e. WAS AI PERFO	NAUTOPSY RMED? 2 NO INJURY OC and Number)	24I CCURED or or Rural sted,	Approximate Interval Bets Onset and E Onse
shock, or h MMEDIATE CAUSE (Fir ilseese or condition esuiting in death) Sequentially list condit f any, leading to imme euse. Enter UNDERLY AUSE (Disease or inju- hat initiated events esuiting in death) LAS PART II. Other significate TAMINER? TOTAL STATE TOTAL	Issesses, or eart failure. Ions, diete ING ING ING ING ING ING ING ING ING ING	B. DUE TO DUE	et consider to use of the life	SEQUENCE O Tresulting Topological Control Control Topological Control	not enter	the moderiying the mo	OWAY SNOW Ide of dyl A Color of dyl Color	FUNIHILI HILI Ing, suc U Gle Gle Gle Gle Gle Gle Gle	Part I. 26d. DE 28f. LO time, dat MBER	24e. WAS AI PERFO	NAUTOPSY RMED? 2 NO INJURY OC and Number)	24I CCURED or or Rural sted,	Approximate Interval Bets Onset and E Onse

12:40 P.

1. OECEOENT'S NAME (First, Middle, Last)

MARY

EVA

BARNES

2. DATE OF DEATN MONTH

April

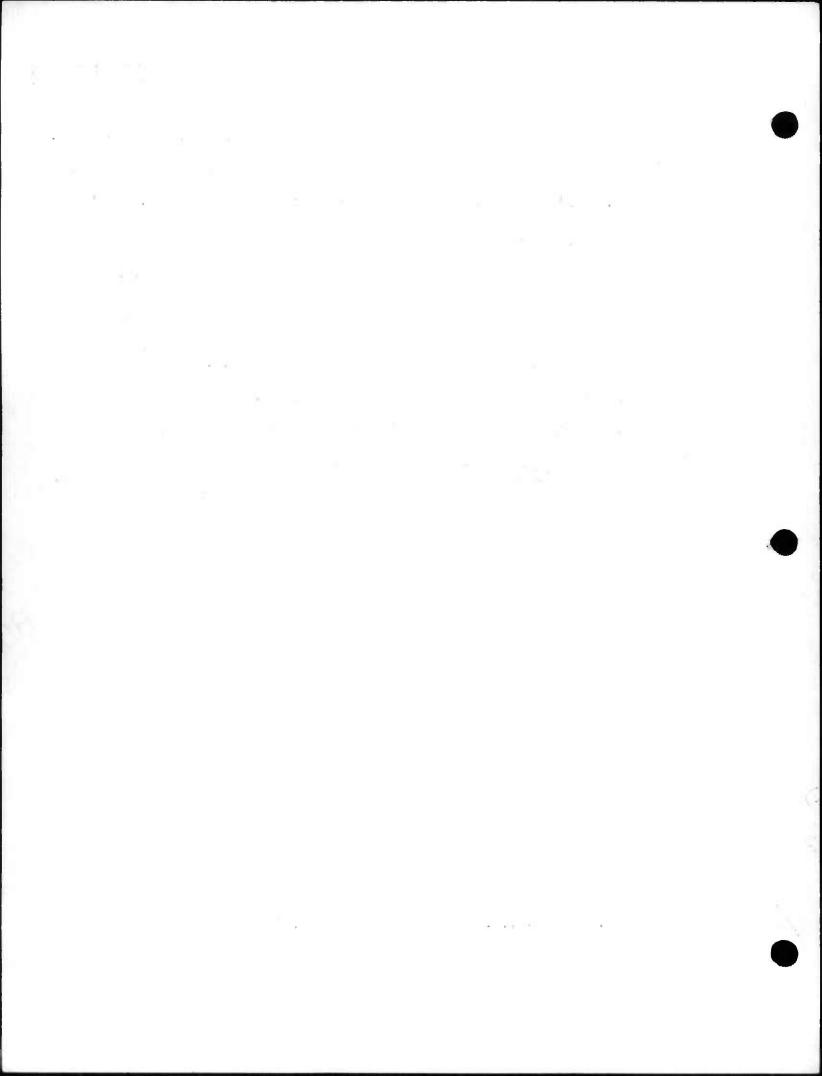
BALTIMORE, MARYLAND 21203-3146 For death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit perm and.	(Sept.	Page 1 a mould	
SALTIMORE if death. Page 6 ma he funeral director, 1 al.	BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit perm.	propertions and the profession of peace

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20-meters after death. Page 6 may be retained by the hospital or attending physic TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	-	IF UNDER 24 NRS.	7. DATE	OF BIRTH		6. BIRTHPLA	E (State or Foreign
	578-32-5292	1 🗆 M 2 💢 F	87	YAS.	WONTHS D	AYS	HOURS MIN.	June	13,	1902	Washin	gton, DC
	9a. FACILITY NAME (If not institution, give s	treet end number)	<u></u>		9b. CITY, TO	OWN O	R LOCATION OF DE				TY OF OEATH	
5	St. Mary	s Hospit	al		L	eon	ardtown			S	t. Man	cy ts
5												
DIMECTOR	Maryland St.	Mary's			TOWN OR I						-	INSIDE CITY LIMITS? YES 2 X NO
# 1	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZ	ZEN OF WHAT	COUNTRY?
	Rt 3 Box 497						20636			U	.S.A.	
7	11. MARITAL STATUS 1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		If y	s, spe	NOENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto !	17 (Specify Yea Ricen, atc.)		14. RACE — / Black, Wr Specify: Caucas	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade			CEDENT'S L					KIND OF BUS			
ا ب	Elementary/Secondary (0-12)	College (1-4 or 5	Miles	Do NOT use	retired.)	ng mou	e or working		fice o			Army
ĘL	12th	N/A	Tele	ephone	e Ser	vic	e		U.S. C	oven	nment	
₹ [17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
	Unknown						Mary	D. H	ardest	У		
	19e. INFORMANT'S NAME (Type/Print)	•	19	b. MAILING	ADDRESS (S	itreet ar	nd Number or Rural I	Route Num	ber, City or Tow	n, State, Zip	Code)	
2	Frances V. Johnson	n	44	163 23	3rd Pa	ark	way #301	Ten	ple Hi	lls,	MD 20	748
	200. METHOD OF DISPOSITION		20b. PLACE other pi	OF DISPOSE	TION (Name	of cem	etery, cremetory or		20c. LO	CATION —	City or Town,	State
	V Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	loval from State	Cedai	Hil	l Cem	ete	ry		Suit	land	Maryl	and
	21. SIGNATIONE OF FUNERAL SERVICE LI	oe seg	-				D ADDRESS OF FA	CILITY	Lee I	uner	al Hom	e, Inc.
4	· Summe	1016			66	33	Old Alex	ande				on, Md 207
PHYSICIAN: MEDICAL CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cand DUE TO c. Can DUE TO	(OR AS A CONSE	WENCE OF	tu'a		clisca.		24a. WAS AN PERFO!	MED?	COL	Onset end Death RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION OF CAUSE DEATH? JYES 2 NO
Ž		,										
2 11	25. WAS CASE REFERRED TO MEDICAL				OTHER:	26. PL	ACE OF DEATN (Ch	eck only o	10)			
2	EXAMINER?	HOSPITAL:		I nos	4 D Month	a Home	e 5 🗌 Residence		r (Specify)			
2	EXAMINER? 1 YES 2 NO	1 Inpatient 2								N HIEV OCC		
	EXAMINER?		INJURY	28b. TIME	OF 2	c. INJU	URY AT RK?		SCRIBE HOW I	NJURY OC	CURED	1
5	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TiME	OF 20 DRY M	Bc. INJU WO 1 Y	URY AT RK? 'ES 2 NO	28d. DE		and Number		Number,
5	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. DATE OF (Month, I	FINJURY Day, Year) OF INJURY — At h. atc. (Specify) If my knowledge, d	28b. TiME INJU	OF JRY M 20 Invest, factory	Bc. INJI WOI 1 V	URY AT RK? /ES 2 NO	28d. DE 28f. LOC C/ty	CATION (Street or Town, State)	and Number	or Rural Route	
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE OF (Month, I. 28a. PLACE Of building)	FINJURY Day, Year) OF INJURY — At h. atc. (Specify) If my knowledge, d	28b. TiME INJU	OF JRY M 20 Invest, factory	Bc. INJI WOI 1 V	URY AT RK? /ES 2 NO	28d. DE 28f. LOC C/ty to the ca	CATION (Street or Town, State)	and Number	or Rural Route	d menner es stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suickle 8 Could not be determined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month, I. 28a. PLACE Of building)	FINJURY Day, Year) OF INJURY — At h. atc. (Specify) If my knowledge, d	28b. TiME INJU	OF JRY M 20 Invest, factory	Bc. INJI WOI 1 V	URY AT RICE RES 2 NO and place, and due eath occured at the 29c. LICENSE NUI	28d. DE 28f. LOC City to the ca	CATION (Street or Town, State)	and Number	or Rural Route ted. te ceuse(e) en E SIGNED (Mo	d menner es stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suickle 8 Could not be determined 29a. CETTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF (Month, E) 28a. PLACE (C) 28a. PLACE (C) building BICIAN: To the best of CER: On the beste of CER.	F INJURY Joy, Year) OF INJURY — At he, atc. (Specify) If my knowledge, departmention end/or	28b. TiME INJU ome, farm, s eath occurre	OF 20 PY M Itreet, factory d at the time, in my opin	Bc. INJI WOI 1 V	URY AT RICE RICES 2 NO and place, and due eath occured at the	28d. DE 28f. LOC City to the ca	CATION (Street or Town, State)	and Number	or Rural Route	d menner as stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYS ONE) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS ONE) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	28a. DATE OF (Month, I 28a. PLACE (building) BICIAN: To the best of the best	FINJURY Der, Year) OF INJURY — At he atc. (Specify) If my knowledge, department of m	28b. TiMM INJE come, farm, seath occurre investigation M 27) (Type,	OF PRY M M Itreet, factory d at the time, in my opli	Bc. INJU WOO	URY AT RK7 RK7 RK8 2 NO and place, end due eath occured at the 29c. LICENSE NUI	281. LOC City to the cattme, date	CATION (Street or Town, State)	and Number	or Rural Route ted. te ceuse(e) en E SIGNED (Mo	d menner as stated.
O BE COMPLETED BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 1 CERTIFYING PHYS ONE) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS ONE) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	28a. DATE OF (Month, I 28a. PLACE (building) BICIAN: To the best of the best	FINJURY Der, Year) OF INJURY — At he atc. (Specify) If my knowledge, department of m	28b. TIME INJUINATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	OF PRY M M Itreet, factory d at the time, in my opli	Bc. INJU WOO	URY AT RICE RES 2 NO and place, and due eath occured at the 29c. LICENSE NUI	281. LOC City to the cattme, date	CATION (Street or Town, State)	and Number	or Rural Route ted. te ceuse(e) en E SIGNED (Mo	d menner as stated.



FOR

he h	deta	900
by t	2	1
THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the h	TO THE FLAGENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained an intermining the consistent death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	suppliment a tea 26 to marked or Nom 22 shows any injury or other trainment the medical examiner must be notified at one
ret	10	not
N De	Sage	9
E	00,	1211
9 90	irec	8
E	- F	Ina
death	funer	N/200
after	y the	0.88
SIN	in b	Spen
8	led .	8
1 Z	fy fi	18
withi	TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fall the first bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fuer
uted	8 1	-
Dec	DE DE	narti
9	or to	Sum
ate	hysic bri	4 74
irtife	Die P	othe
th Ce	F B	20
deat	atte enta	2
the	A P	ini
that	Pd by	Marie
res	igne	9
redu	of H	ehov
ME!	as b	22
100	de ha	E
N.	Sta	P 180
SICI	5 5	-
품	this	and a
NG	fter	S. Mar
SNO.	R. A	9
E	S at S	96
8	DIRE	-
3	32	2
100	開業	ś
王	出事	E
E	王書	500
4	ER	#
_	1	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (FISI, MICHIGIN, LASI) ARION S. BACON 2. DATE OF DEATH MONTH DAY OF PEAR 15 90 3. TIME	12 P M
	4. SOCIAL SECURITY NUMBER 521-20-3780 8. SEX 1 M 2 F 66 98. AGE (In yrs. lest birthday) 15 UNDER 1 YEAR 15 UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Year) 23 Colorad	
TOR	96. FACILITY NAME (If not institution, give street and number) 3327 HUNTHAY SQUARE Dr Temple Hills Prince Geor	ge's
DIRECTOR	AAD Parallel Tax ale Hills	SIDE CITY MITS? ES 2 NO
FUNERAL	3327 Huntley Square Drive 20748 U.S.A.	DUNTRY?
ВУ	11. MARITAL STATUS 1 Naver Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— II yes, specify Cuban, Mexican, Puerio Rican, etc.) 14. RACE — Arme Black, White, Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— II yes, specify Cuban, Mexican, Puerio Rican, etc.) 16. RACE — Arme Black, White, Specify: 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— II yes, specify Yea or No— II yes or	rican Indian, etc.
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary 18b. KIND OF BUSINESS/INDUSTRY Federal Government	
ш	17. FATNER'S NAME (First, Middle, Lest) Reuben Squire 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edith N. Bomgardner	
TO B	19a. INFORMANT'S NAME (Type/Print) Sherry L. Sharper 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6200 St. Barnabas Rd., Oxon Hill, Md. 2074	45
	20a, METHOD OF DISPOSITION 1	
	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md	
	shock, or fast fellure. Liet only one cause on each line,	pproximate nterval Setween onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):	
PHYSICIAN: MEDICAL CE	major Depression Performed? 1 YES 2 V NO OF DEF	AUTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE ATN? ES 2 NO
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lant 2 ER/Outpet lant 3 DOA 4 Nursing Home 5 A Residence 8 Other (Specify)	
ВУ	27. MANNER OF DEATN 1 Netural 8 Pending Investigation 3. Suicide 8 Could not be 280. DATE OF INJURY (Month, Dey, Year) 280. TIME OF INJURY WORK? M 1 YES 2 NO 280. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number or R	mbac
COMPLETED	4 Homicide determined building, etc. (Specify) City or Town, State)	
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and m	
TO BE	Denlander he Examiner 30 1852 +4/157	pay, Year)
	PAUL A. DEVORE MD 4203 QUEENSBUT RORA MD 20781 31. DATE FILED (Month, Day, Year) 32. REGISTRAY'S SIGNATURE	
	APR 20'90 filis Davidson Randace	DHMH-t8 Rev 1/89

The state state of the state of wash shiring

21203-3146

BALTIMORE, M.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be nOTHE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR
	1. DECEOENT'S NAME (First,
	4. SOCIAL SECURITY NUMBER
	214-30-83
OR	Pen insu
DIRECT	RESIDENCE OF DEC
_	MD. 100. STREET AND NUMBER
IER.	41
Y FUNERA	11. MARITAL STATUS 1 Never Married 2
D BY	3 Widowed 4 Divo
E	15. DEC (Specify onl Elementary/Secondary (C
MPL	11th
8	17. FATHER'S NAME (First, M
BE	19a, INFORMANT'S NAME (1
9	LYNNEL BIV
	20s. METHDD DF DISPOSIT 1 X Burlal 2 Crematic 4 Donation 5 Other
- 1	21. BIGNATURE OF PUNERA
	23. PART I. Einter the d
	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS
R	
NA I	PART II. Other signification Previ
EDIC	Treat
Z Z	
SICIA	25. WAS CASE REFERRED TEXAMINER? 15 YES 2 NO
λH _c	27. MANNER DF DEATH
ВУ	1 Netural 5 🗌 2 🔲 Accident
6	3 Suicide 8 1
LET	29a. CERTIFIER 1 CER
DIMP	(Check only one) 2 X MED
EC	29b. SIGNATURE AND TITLE
10 B	30 MAME AND ADDRESS O

STATE OF	MARYLAND A	DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	C	ERTIFICATE	OF DEATH	REG NO.

HEGISTHAH			1	CERTIF	ICA	ILE OF	DEATH	P	REG. NO.			
1. DECEOENT'S NAME (First,	Middle, Lest)	Ls	Biver	ns				2. DATE DF	DEATH DAY	90	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs	. lest birthday)	IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTHP	LACE (State or Foreign
214-30-83	61	1 🗆 M 2 😡 F	56	YRS.	MONT	THE DAYS	HOURS MIN.	(Month, Da	16	33	Country)	D.
9a. FACILITY NAME (If not ins		treet and number)			9b.	CITY, TOWN	OR LOCATION OF D	DEATH			ITY OF DE	ATH
Pen insu	la c	nenal 1	Joeni	Fal			Salisbu	יזדמי		Mi	com	ico
RESIDENCE OF DEC	EDENT	enerar	Topht	ual		L.	Dallou	т.у		36.7	. C Ou	100
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TO	WN DR LOCA	TION					10d. INSIDE CITY
MD.		WICOMICO			F	RUITL	AND					1 YES 2 X ND
10e. STREET AND NUMBER							. ZIP CDDE			10g. CITIZ	EN OF W	AT COUNTRY?
41	7 OGLE	AVF.					21826			119	SA	
11. MARITAL STATUS	, 0022	12. WAS DECEDEN			П	13. WAS DEC	ENDENT DF HISPA	ANIC DRIGIN? (S	Specify Year			- American Indian, White, etc.
Never Married 2 Widowed 4 Divor			MAR DR DATES				ecify Cuben, Mexic 2 (X NO Spec		n, etc.)			ack
	EDENT'S EDU		16a	DECEDENT'S	USUA	L OCCUPATI	DN	16b. KII	ND OF BUSI	NESS/INO	USTRY	.,
Elementary/Secondary (0-	highest grade	College (1-4 or 5	+)	life. Do NOT u	work a	lone during mo red.)	set of working					
11th				DOME	ST.	IC		HC	DUSEW.	IFE		
17. FATHER'S NAME (First, Mi	ddle, Last)						18. MOTHER'S N	AME (First, Midd	lle, Maiden S	urname)		
SH	HEL TON	BIVENS						DOR	KNX DE	OROTI	HY MJ	LBOURNE
19a. INFORMANT'S NAME (7)				195 MAIL INC	ADD	BESS /Street	and Number or Rura					
LYNNEL BIVE				And the second second			E., SAL					
20a. METHOD DF DISPOSITI			20h Bt		_		metery, cremetory or				City or Tow	on Charles
□ XBurial 2 □ Cremation □ Donation 5 □ Other	n 3 🗆 Rem (Specify)			N WESL		UM			DEAL		LAND,	
H. BIGHATURE OF PUNERAL	. SERVICE LI	CENSEE	. 2			² JOLE E	Y APPREMOR	TALY CHA	APEL			
* sou	Va 1	3 Jol	1011			RTE.	2, BOX	920. SA	ALISBI	URY.	MD.	21801
resulting in death) Sequantially list conditi if any, leading to immedicuse. Enter UNDERLYI CAUSE (Disease or injuithat initiated events resulting in death) LAS'	diate NG ry	b	O (DR AS A COI	NSEDUENCE D	F):							
resulting in death) LAS		d										
PART II. Other significa Previ		ns contributing to				e underlyir	g cause given in		e. WAS AN A PERFORM	IED?		WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSI DF DEATH? 1 YES 2 NO
								_				1 1 1 2 2 1 10
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				,		LACE OF DEATH (C	Check only one)				
TYES 2 NO		HOSPITAL:	ER/Outpaties	R 3 DOA.		HER: Nursing Nor	ne 5 🗆 Residence	6 Other (S	(pecify)			
	Pending Investigation	28a, DATE O (Month,	F INJURY Day, Year)	28b. TIR	AE DF JURY	W	JURY AT DRK? YES 2 NO	28d. DEŞCR	IBE HOW IN	JURY OCC	URED	-
3 Suicide 8	Could not be	28s. PLACE building	OF INJURY — / , atc. (Specify)	At home, farm,	street	, factory, offi	R0	28f. LOCATIO	ON (Street ar lown, State)	nd Number	or Rural Ro	oute Number,
CONSTRUCTION OF THE CONSTR		SICIAN: To the best of										and manner as stated
29b. SIGNATURE AND TITLE	OF CERTIFIE	P					29c. LICENSE N	UMBER		29d. DATI	SIGNED	(Month, Day, Year)
John 57	55m	Resolar	Deni	atv M	E		3035	99			4-1	4-90
30. NAME AND ADDRESS OF	PERSON WI	Bulke	SE OF OEATH	(ITEM 27) (Type		1)	sbury,	Mary	land			
AFK 1 9 9(9	File Da	Vilson-A	indele.								

al examiner must be notified at once.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 3 3 after death. Page 6 may be retained by the hospi
DALIMONE, MANILAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

•	FOR 1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPART			D ME	NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				-		DATE OF GEATH	, ,,	3. TIME OF DEATH
	Leona M	Baver					e) 12	1 9	0 0918 M
	4. SOCIAL SECURITY NUMBER		3	F UNDER 1 YEAR	IF UNDER 24 HR	8. 7.1	MOVIES, DISK THAT		BIRTHPLACE (State or Foreign Country)
	496-03-1551	1 🗆 M 2 💢 F	3 YRS.			- 3	2/18/1		owa
1	9e. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN O			' /	9c. COUNTY	OF DEATH
0	RESIDENCE OF DECEDENT	TUPGET (DEN	MINI	1 Apr	011	2	-	,
DIRECTO	10a. STATE 10b. COUNT	тү	10c. CITY,	TOWN OR LOCATI	ON				10d. INSIDE CITY LIMITS?
ā	Maryland Ann	e Arundel	A	nnapol	is				1 YES 2 NO
IA!	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	1362 Greenway				2140				,A.
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Me	xican, Pu	RIGIN? (Specify Yee Jerto Rican, etc.)	or No— 14.	RACE — American Indien, Black, White, atc.
BY	3 Nidowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Sp	ectly:		W	Specify: hite
요	15. DECEDENT'S ED		16a. DECEDENT'S U	SUAL OCCUPATIO	N et of undring		16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mos retired.)	a or working		**		
MP	12		Home	maker			Hom		
8	17. FATHER'S NAME (First, Middle, Last)	m .					First, Middle, Maiden		
BE	Ralph Arthur	Tennis	100 000 000	200500 (0)			ta May		
유	Richard W. Da	mma							, MD 21401
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rei		b. PLACE OF DISPOSIT						or Town. State
	1 Burial 2 Cremetion 3 Res	moval from State	other place)				Ale	xand r	ia, VA.
	1. SUMATURE OF FUNERAL SERVICE L		//	22. NAME AN	D ADDRESS OF	F FACILI1	1 Chape		
	tomalal a	1. Tuy Y	1						lis,MD 2140
	23. PART I. Entar the diseeses, or								, Approximate
	shock, or heart fellure IMMEDIATE CAUSE (Final	. List only one cause on					-		Interval Between Onset and Death
	disease or condition resulting in death)	. Houte	a consequence of:	100A	rdIA		LINTA	rett	6 W
	Tooling It County	DUE TO (OR AS	A CONSEQUENCE OF)			-			
20	Sequentisity list conditions,	b. A 50	A CONSEQUENCE OF):						
AT	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSCOURNCE OF J.						į į
[윤]	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF)						
CERTIFICATION	resulting in death) LAST	d							
	PART ii. Other significant condition	ons contributing to death	but not resulting in	the underlying	cause giver	in Par			24b. WERE AUTOPSY FINDINGS
ICAL	35						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI								X	OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	иоевіты.			ACE OF DEATH	(Check o	only one)		
1 00 1	1 VYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: Nursing Hom	e 5 ☐ Resider	nce 6	Other (Specify)		
РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		RY WO	RK?	. 1	d. DESCRIBE HOW I	NJURY OCCUP	NED
B	2 Accident Investigation		TY At home, farm, str		res 2 🗌 No				
9	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	ecity)	eet, ractory, offic		28	f. LOCATION (Street a City or Town, State)	nd Number or	Plurer Ploure Number,
9	29e. CERTIFIER	COCIAN: To the heat of my line	udadaa daidh assissa				h		
COMPLETED	(Gridon bin)	SICIAN: To the best of my kno NER: On the basis of examinat							ause(e) and menner as atated,
	29b. BIGNATURE AND TITLE OF CERTIFI			, ,	29c. LICENSE				(GNED (Month, Day, Year)
BE	Milliam	Kan	m 120	puty	DO	160	254	D 4/	-19-90
유	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, I	Print) / _	-0			01	4
				1 10/1		- *	nich	1-1	7) / 07 /
	1/1/1Am	PIJONE	5 mD	. 699	1JI	nt	TICLEA		21033
	31. DATE FILED (Month, Day, Year)	PC DONE	MATURE	. 695	M	nt	TRICH		21055

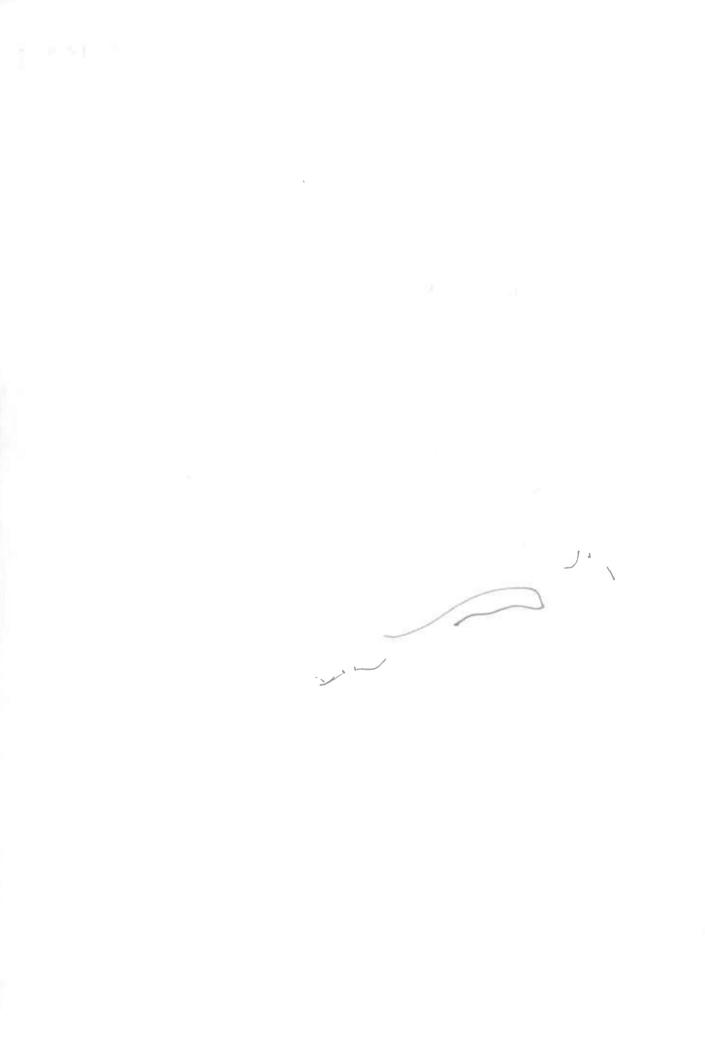
γ Mary Commence of the Commence

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

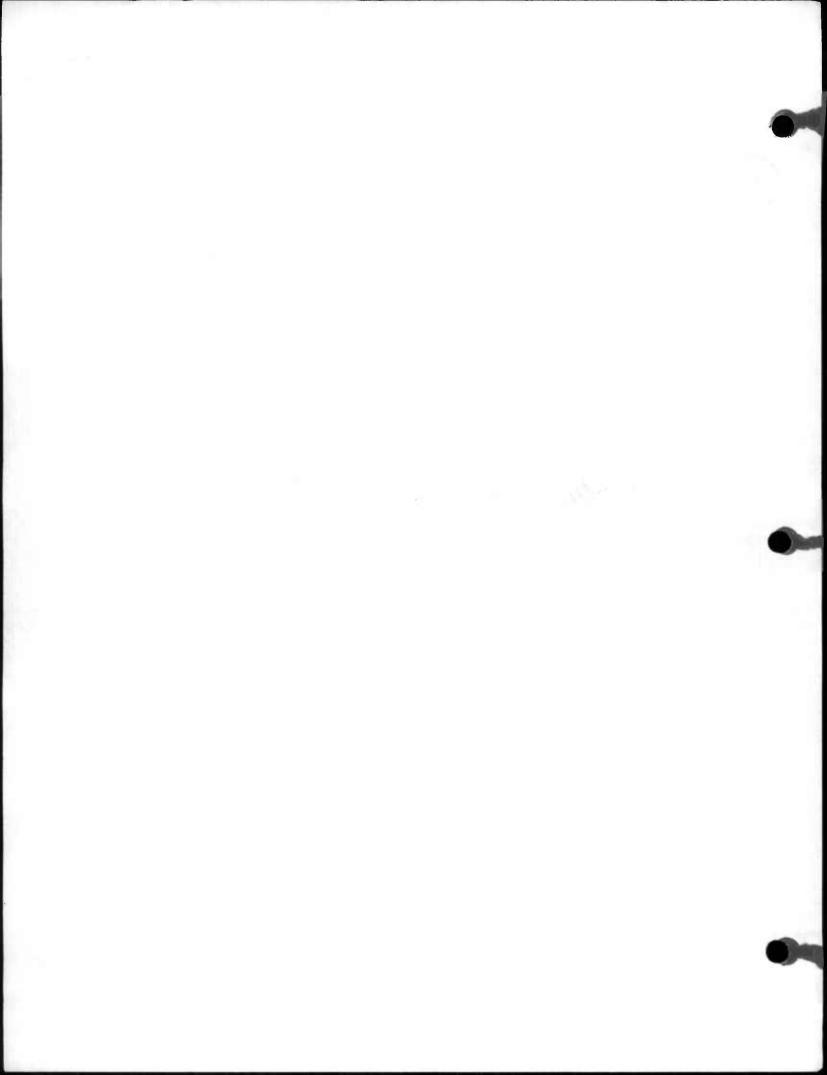
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? Are after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. Of relating and mental hyperre prior to build, be medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
in Just after death. Page 6 may be reti	ily filled in by the funeral director, page 5 s	the medical examiner must be not
ate be executed within	lysician and completel	traumatic event,
res that the death certific	igned by the attending pl	vs any injury, or other
IR ATTENDING PHYSICIAN: The law requires that the death certific	IRECTOR: After this certificate has been signed by the attending pl	be filed within 72 hours after deam with the State Lept, of health and Merial righters prior to build, centration, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exc

BALTIMORE, MARYLAND 21203-3146

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
3	Daniel E. Bussa	rd				2. DATE O MONTH	DAY	YE 4 9	AR	LIDE OF DEATH
)	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	YRS.	DAYS D. CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF OE	08	Day, Year)		Country)	ACE (State or Foreign
DIRECTOR	Washington Co. Hospital Hagerstown						Washington Co.			
	Maryland Washington Sharp			psburg	sburg			10d. INGIOE CITY LIMITS? 1 ☐ YES 2 ☐ GO		
BY FUNERAL	5121 Harpersferry Road			10f.	101. ZIP CODE 21782			10g. CITIZEN OF WHAT COUNTRY? USA		
	1 News Married 2 Named FO	FORCES? 1 YES 2 ANO			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puerto Rican, etc.) VES 2 NO Specify:				a or No— 14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Unitizer			k done during mos etired.)		utomot	i Ve			
BE CON						AME (First, Middle, Meiden Surname) Caroline Kretzer				
TO B	19a. INFORMANT'S NAME (Type/Print) Dwayne Bussard 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5121 Harpersferry Rd. Sharpsburg, MD21782									
	20c METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)			ion (Name of con Demeter)	y Sharpsburg, MD 21782					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box 3								348 ort	,MD 21795
CERTIFICATION	23. PART i. Epter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reculting in deeth) PARTICLE AL PARMONIA WITH BACTEREMIA Onset and Death Due To (or As A consequence of): Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in deeth) LAST OUE TO (or As A consequence of): oue To (or As A consequence of):									
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given					Pert I.	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
IXSI	1 YES 2 NO 1 No	Inpatient 2 = ER/Outpatient 3 = DOA 4 Nursing Home 5 Residence 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT				8 Other (Specify)				
ВУ Р	(Month, Day, Year) INJURY			WO WO	RK7 ES 2 NO					
				eet, factory, office	factory, office 28f. LOCATION (St. City or Town, St.			eet and Number or Rural Route Number, ate)		
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE BIGNED (Month, Dey, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				\$38892				6/9	O
	PAMELA FOX BRADFORD M.D. 1799 HOWELL RD. HAGERSTOLL MD 21740 31. DATE FILED (Month, Day, Your) 32. REGISTRAPES SIGNATURE									
ADD 16'90 Sulia Davidson-Randasse										



	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	Mabel	Brown	J		DATE OF DEATH	Y S O	3. TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER 213-18-8096	5. SEX 6. AGE ((In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		OCt.6,19		THPLACE (State or Foreign untry) ennsylvania
OR	90. FACILITY NAME (If not institution, give str Washington County	,		Hagerst	R LOCATION OF DEATH COWN	9c. COUNTY OF DEATH WASHINGTON		
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNTY Maryland Washi	ngton		town or Locati				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL [100. STREET AND NUMBER 15 Peachtree Lar				ZIP CODE 21795		109. CITIZEN O	F WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC Of colfy Cuben, Mexican, Page 2 X NO Specify:		or No— 14. R/ Bi	ACE — American Indian, eack, White, etc. pocity: hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)		16e. DECEDENT'S (Give kind of w life. Do NOT us	· ·	N It of working	Military	INESS/INDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last)			, cury	16. MOTHER'S NAME (First, Middle, Meiden	4	M: 1.1
BE (Wilson 194. INFORMANT'S NAME (Type/Print)		Reed 19b. MAILING	ADDRESS (Street as	Blanche and Number or Rural Route		n, State, Zip Code)	Miller
10	Harry E.Brown	l an			e Ln-Willi			
	1 X Buriel 2 Cremetion 3 Remo	well from State	Green awr				cation — city of 11 i amsp	ort, MD 21795
	21, SIONATURE OF EUNEDIAL SERVICE LICE	. Ch_			PRNE FUNER Box # 348			D 21795
	23. PART I. Entar of a diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cause on e	each line.	a c	h rees		ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CALLSE (Nicesce or lating)							
ERTIFI	CAUSE (Disease or Injury that initiated events reaulting in death) LAST oue to (or as a consequence of):							
4	PART II. Other significant conditions	contributing to death b	out not resulting i	n the underlying	cause given in Par	t I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC								OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAL:	netlant 2 - DOA	OTHER:	ACE OF DEATH (Check of			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJUNY WO	URY AT 28	d. OESCRIBE HOW II	NJURY OCCURED	
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	Y — At home, farm, a	street, factory, office	28	t. LOCATION (Street e City or Town, State)	and Number or Ru	ral Route Number,
COMPLET	(000)	CIAN: To the best of my known: 3: On the beele of examination						se(e) and menner as stated.
O BE	286 SOMATURE AND TITLE OF CERTIFIER	lls	ns		29c. LICENSE NUMBER	123	29d. DATE SIGN	NED (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON WHO	· Cass III	179	9 Ltou	ell Rol	Llo	gerston	is hel
	APR 12 '90	Julia Davidson					,	



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached	val.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	urs at	ely med in by	ation, or remu	the medic.
	executed within	n and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ımatic event,
	th certificate be	ending physicia	I Hygiene prior	or other trai
()	s that the deal	ined by the att	aith and Menta	any injury,
	The law require	e has been sig	te Dept. of He	т 23 зном
	PHYSICIAN: 1	this certificat	with the Star	irked, or ite
	ATTENDING	RECTOR: After	irs after death	т 28 із та
	HOSPITAL OF	FUNERAL DIF	within 72 hou	TANT: It itel
	TO THE	THE CH	be filed	IMPOR

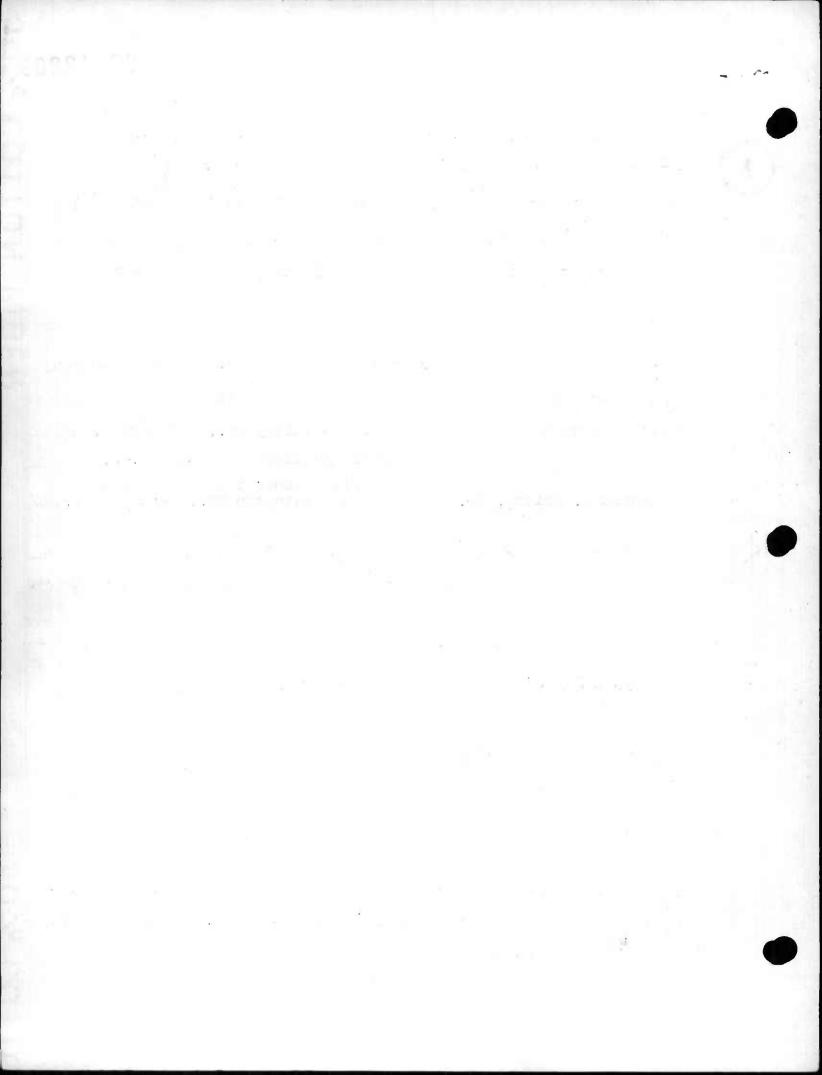
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. DEGISTRAN'S SIGNATURE
Julia Davidson-Randola

COMPLETED B	4 Humicide dearmined 29e. CERTIFIER 1 CERTIFYING PHYSIC		etc. (Specify)				City or Reer			100	
B	1 Righters 5 Pending 2 Accident Investigation 3 Builde 6 Could not be	28e. PLACE C	Onj: Wear) OF INJURY — As in	296. TIME OF BALURY AT WORKT 1 YES 2 NO home, farm, street, factory, office			28f. LOCATION	281. LOCATION (Street and Number or Rural Power Number			
YSICI	EXAMINERY 1 YES 2 PHO 27. MANNER OF DEATH	HOSPITAL:		_	OTHER: 4 Nursing	Home 5 🗆 Residen	nce 6 🗆 Other (Spec				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED JO MEDICAL					N. PLACE OF DEATH	- I			1 □ YES 2 □ 10	
	PART II. Other significant condition		death but not	resulting	in the under	tying cause giver	lender	NAS AN AUTOPSY NERFORMED? YES 2 NO		WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.									Approximata Interval Batwee	
	21. SIGNATURE OF FUNEBAL GENVICE LIC	Minn	ich		Ger	ald N. M	linnich			ac Street	
	1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		other o	Mace)	vn Memo	rial Par	k	Hagersto		Maryland	
5	A. Fern Brown					non Avenu				nd 21740	
) BE	19a. INFORMANT'S NAME (Type/Print)		15	Db. MAILING	ADDRESS (SI		ural Route Number, City		Code)		
	17. FATHER'S NAME (First, Middle, Lest) Francis Brown						AME (First, Middle, Maiden Surname) illian Burns				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(0	Give kind of e. Do NOT u	work done during the retired.)	PATION g most of working		of Business/IND				
ВУ	1 Never Married 2 Married 3 Never Married 2 Neverted	MAR OR DATES A		10	YES 2 NO S	pecify:		Specify	White		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A	RMED NO		DECENDENT OF HIS	SPANIC ORIGIN? (Spenixican, Puerto Rican,	cify Yea or No —	14. RACE -	- American Indian, White, etc.	
RA	313 S. Cannon Aver						740		USA	HAT COUNTRY?	
<u> </u>		Maryland Washington								YES 2 NO	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				IOd. INSIDE CITY	
OR	Washington County		al			rstown	COLIT		hing		
	215-14-1146 9a. FACILITY NAME (If not inetitution, give st	1 M 2 F	72	YRS.		WN OR LOCATION O	Jan.	31, 1918	Ma:	ryland	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YE	AR IF UNDER 24 HE	S. 7. DATE OF BIR	TH	8. BIRTHP	LACE (State or Foreign	
	Johnnie Carroll I	Brown						8, 1990	YEAR		
- 6	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH		3. TIME OF DEATH	

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam-
i	after	/ the	iea
	UrS :	in by	pedi
	JH 110	filled on, o	16 11
	hin 2	rtely	it, th
1	d wit	mple cre	rven
	cute	d co	tic i
	900	in an	DE
	te b	sicia	E
)	tifica	a phy	ther
	93	Hygi	0 10
	death	ental	2
	the	y the	E
	that	th ar	any
	uires	Sign	SMC
	A red	t. of	-S
	e lav	has	1 23
	E S	State	ife
•	ICIA	the	0
	SAH	this (with	ked
	NG F	fter	mag
	END	R: A	60
	ATT	ECTIC IS af	n 28
	S. OR	Plou	ite
	PITAL	ERAL 72	THE
	HOS	FUN.	TAN
	里	THE DAME	POR
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	X

	1 - STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		1500						
-19		yrs. last birthday) IF UNDER 1 YEAR IF UNDER	2. DATE OF DEATH DAY LEAST TO A STATE OF BIRTH	3. TIME OF DEATH A 25 8. BIRTNPLACE (State or Foreign						
)	219 28 1934 1 M 2 F 5	1 M 2 F 55 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 5° 28° 34 N								
DIRECTOR	Carroll Co Gen. Nos	Sp. Westmin	ster, Md. (Carroll						
	10e. STATE 10b. COUNTY Carroll 10e. STREET AND NUMBER	10c. CITY, TOWN OR LOCATION	ster	10d. INSIDE CITY LIMITS? 1 N YES 2 NO CITIZEN OF WHAT COUNTRY?						
FUNERAL	8) Liberty St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	21	157	USA						
BY	1 Never Married 2 Merried FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	2 NO If yes, specify, Cube	OF HISPANIC ORIGIN? (Specify Yes or No- in, Mexican, Puerlo Rican, etc.) Specify:	14. RACE — American Indian, Black, White, etc. Specify: White						
LETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of worklille. Do NOT use retired.)								
COMPL	12 17. FATNER'S NAME (First, Middle, Last)	Mechanic 16. MOT	NER'S NAME (First, Middle, Maiden Surname	arpet Company						
TO BE	John Burnham Emma Newell 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)									
ļun.	Phyllis Burnham 1953 Bachman Valley Rd Manchester MD 20e, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or 20c. LOCATION — City or Town, State									
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	adow Branch Ceme	etery Westmi	inster, MD						
	21. SIGNATURE OF FUMERAL SERVICE LICENSEE Robert K. Pritts, Sr.		ss of FACILITY Funeral Home & nington Rd., We							
7	23. PART I. Enter the diseases, or complications that caused to shock, or heart fellure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO.)	cardio usp	inatory arm	arreat, Approximate interval Betwee Onset and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comment and De Comme						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):									
N: MEDICAL	PART II. Other algorificant conditions contributing to death but	not resulting in the underlying cause	DEDECORMEDA	AVAILABLE PRIOR TO						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	DEATH (Check only one)							
PHYS	1 ☐ YES 2 PNO 1 ☐ Inpatient 2 FR/Outpet 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year)	lent 3 DOA 4 Nursing Home 5 R 28b. TIME OF 1NJURY AT WORK?	esidence 6 Other (Specify) 28d. DE\$CRIBE NOW INJURY	OCCURED						
D BY	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specific	M 1 YES 2 [- At home, farm, street, factory, office	NO 281. LOCATION (Street and Nun City or Town, State)	niber or Rural Route Number,						
MPLETE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)									
COMP	2 MEDICAL EXAMINER: On the basic of examination of 29b. SIGNATURE AND TITLE OF CERTIFIER	,		DATE SIGNED (Month, Day, Year)						
TO BE	Ephraim Bary	ge D	14992 1	4-19-90						
F	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSED FEAT MEDICAL PROPERTY OF THE PROPERTY OF T	ZAGA ME	= w winds	1/2, md.217						
	31. DATA FILED (MONTER) 23 '90 32. REGISTRARYS. SIGNAL	Hason-Mandelle								



	9	1. DECEDENT'S NAME (First, Middle, Last) Harry L. Buell		CERT	IOAI	01	DEA		2. DATE OF DEATH	, c,	/EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthda	MONTHS	1 1 YEAR	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-23-14		- 1/	CE (State or Foreign
_) BOOL	217-16-2206 9a. FACILITY NAME (If not institution, give str 3034 Tracey Store	eet and number)	75 YRS	9b. CIT	r, TOWN	OR LOCATIO	ON OF DE		9c. COUNT Balt	y of DEATH	
	DIREÇT	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Md. Balti	moro		arkto		TION				100	I. INSIDE CITY LIMITS?
	FUNERAL D	100. STREET AND NUMBER 3034 Tracey Store			arku		r. zip codi			10g. CITIZE	N OF WHAT	YES 2 NO
22 22 22 22 22 22 22 22 22 22 22 22 22	BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13.	If yes, sp			IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	s or No — 14	RACE — Black, W Specify:	American Indian, hite, etc.
	COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12) 6 th grade	ATION completed) College (1-4 or 8+)	(Give kind life. Do NO	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Equipment Operator Thomas, Bennett,							
d at onc	BE COI	17. FATHER'S NAME (First, Middle, Last) Emory R. Bull					Lu	icrec	ME (First, Middle, Melden Lia May Co	le		
e notified	101	Eugene J. Buell							Rd.,Linebo	oro,	Md. 2	
examiner must be		2te. METHOD OF DISPOSITION 1 Burtel 2 Cremetion 3 Remo	val from State	orest Bar						Derice		y.land
		21. SIGNATURE OF FUNERAL SERVICE LIC			22	NAME A	ND ADDRE	SS OF FAC	CHITY	Funer	al Ho	ome
cremation, or removivent, the medical		23. PART I. Enter the diseasea, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on	each line.						Ť	st,	Approximate Interval Between Onset and Death
or other traumatic e	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
shows any Injury,	MEDICAL	PART II. Other algoriticant condition		n but not resulting	-		-	given in	Part I. 24a. WAS AN PERFOI	RMED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	hutnations 2 (1 DO	ОТНЕ	R:	- ,		eck only one)			
with the	BY PHYS	27. MANNER OF DEATH 1 Heturel 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea	RY 28b.	TIME OF INJURY M	28c. IN W	JURY AT ORK? YES 2		8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCU	RED	
after de	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, far Specify)	m, street, fa	ctory, offi	ice		281. LOCATION (Street City or Town, State		r Rural Rout	e Number,
within 72 hours after TANT: If Item 28 I	COMPLE	construction of the	CIAN: To the best of my kr									nd manner as stated.
be filed within	TO BE C	29b. SIGNATURE AND TITLE OF CHRIFIEF	send, 1	1.D.			29c. LIC	ense nui		29d. DATE	SIGNED (M	onth, Day, Year)
	F	38. NAME AND ADDRESS OF PERSON WHO	USTINO.	M.O.	H	AX	snps	CF.	AD Md	2	167	6
		APR 2.4 '90	32. REGISTRAR'S'S	vidson-Ran	tell							

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG NO

	1 - FOR STATE REGISTRAR	E OF MARYLA		TMENT OF I	EALTH AND I	MENTAL	HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O		YEAR	3. TIME OF OEATH		
	Laurens Bisschop					04	20	90	12:45 pm		
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE O	F BIRTH Day, Year)	8. BIRT	THPLACE (State or Foreign		
	212-03-0647 ¹\\ 1\\ \!\ \!\ \!\ \!\ \!\ \!\		87 YRS.			11	-28-02				
œ	9a. FACILITY NAME (If not institution, give street and no			OR LOCATION OF OR	EATH		OUNTY OF				
DIRECTOR	Fairhaven			Sykesv	ille			Carro	DII		
RE	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
	Maryland Carroll		Sykesville						1 TYES 2 XNO		
¥	10e. STREET AND NUMBER			10	1. ZIP COOE		10g. C	TIZEN OF	WHAT COUNTRY?		
FUNERAL	7200 Third Avenue, Syk				21784				lland (USA)		
F	1 Nover Married 2 Married FORG	DECEDENT EVER IN CES? 1 TYES	2 NO	If yes, s	ecity Cuban, Maxica	n, Puerto Ri	(Specify Yea or No- can, etc.)	Bla	CE — American Indian, ick, White, stc.		
B	3 Widowed 4 Divorced	S, GIVE WAR OR DA	ITES	1 L YES	NO Specify	y:		Spe	White		
ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. I	KINO OF BUSINESS/	INDUSTRY			
9	Elamentary/Secondary (0-12) College	(1-4 or 5+)	Me. Do NOT u	se retired.)			ttelland/	Amor	ica		
A	12		Head	Cashie			Holland/		ICa		
	17. FATHER'S NAME (First, Middle, Last)				Roseber		ddle, Malden Surname)			
麗.	Johannes Jacobus 196: INFORMANT'S NAME (Type/Print)		405 MAH ING	ADDRESS (Commit			? or, City or Town, State,	7'- O-d-1			
0	and the second s						ille, MD		4		
	Fairhaven 200. METHOD OF DISPOSITION	20b.			metery, crematory or	710013	20c. LOCATION				
	1 Burial 2 Cremation 3 Ramoval from 4 Donation 5 Other (Specify)	State	other place)		netion S	Serv.	100				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1			NO ADDRESS OF FA		- 1- 0		405)		
	Drian L. A	aught					Æ (P.O. 784 (301)				
	23. PART I. Enter the diseases, or complicate shock, or heart failure. List only			not enter the m	ode of dying, suc	h as cardi	ac or respiratory	srrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition Do h d mad)										
	disease or condition resulting in death) a. Dehudra 10/2 OUE TO (OR AS A CONSEQUENCE OF):										
_	_	Mala	CONSEQUENCE O	NUENCE OF):							
é	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE O)F):							
3	couse. Entar UNDERLYING CAUSE (Disease or Injury	Dem	entia	/							
틸	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):							
CERTIFICATION	d.										
N.	PART II. Other significent conditions contrib	outing to death b	ut not resulting	in the underlying	g cause given in	Part I.	24a. WAS AN AUTOPS PERFORMED?	SY 2	4b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
3	Aspiration .	Preume	shia				1 TES 2 1 10		COMPLETION OF CAUSE OF DEATH?		
WE						_			1 YES 2 NO		
ä											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:		26. F	LACE OF DEATH (Ch	eck only one)				
IYS		itlent 2 DER/Outp			ne 5 Residence			0001050			
4	1 Natural 5 Pending	(Month, Day, Year)	28b. Til	JURY W	JURY AT ORK? YES 2 NO	260. DEŞU	CRIBE HOW INJURY	OCCURED			
B¥	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY	- At home, farm,			28f. LOCA	TION (Street and Num	ber or Rura	al Route Number,		
	4 Homicide 6 Could not be determined	building, etc. (Spec	elfy)			City o	r Town, State)				
COMPLETED	29a. CERTIFIER (Check only	he best of my know	ledge, death occur	red at the time, dat	e and place, and due	to the caus	e(a) and manner aa	stated.			
NO O	one) 2 MEDICAL EXAMINER: On the								e(a) and manner as stated.		
BE C	29b, SIGNATURE AND TITLE OF DEBTIFIER				29c. LICENSE NU	MBER	29d. [DATE SIGNI	ED (Month, Day, Year)		
10 8	Colo May ha	>			022	del	0	41:	20/90		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLIED TO THE STATE OF THE STATE	D 10	45	Libert	, Rd.	E	Idersbu.	7,7	10. 21784		
	31. DATE FILED (Month, Day, Year) APR 2 3 '90	Aulia Davi	doon-Rand	we -							

Œ.	8	٥.	500	l
4	III /	tion	the	l
thin	etely	Bung	f,	l
×	Ē	C	3Ve	Ì
ute	8	rial	3	l
996	and	20	пат	l
9	Har	or to	ne	
ate	ySic	PH	는	l
tife	10.0	ene	the state	ı
93	din	H	0	ı
eath	atte	Tal	9	ł
ed	the s	Mer	5	ı
#	6	Pu	=	l
4	ped	th.	a	l
Jires	Sign	Hea	WS	ı
req	Бел	ō	St.	ı
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mg	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the n	l
E	e h	te [E	ı
ż	fical	Sta	=	l
S	in in	the	0	l
H-SS	nis o	With	Ked	ı
6.0	er ti	1	her	ı
NO	Aff	de	69	l
E	DR.	after	82	l
AT AT	350	5	E	I
0	ö	Por	He	l
IA	RAL	2	=	l
88	JNE	量	IN	I
王	E FI	MP	B	l
F	H	File.	2	١
2	2	8	Ξ	ı

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND I	MENTAL HYGIEN REG. NO.					
\neg	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	,	3. TIME OF DEATH			
	ALBERT A, BLIZZAR	RD SR.				04 2	ĭ 90	1255 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. leat birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		DIRTHPLACE (State or Foreign			
	214 16 1628	1⁄2√M 2 □ F	87 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 28, 1		Marvland			
r l	90. FACILITY NAME (If not institution, give NORTH ARUNDEL H	street and number)			OR LOCATION OF DEBURNIE, MA	EATH	9c. COUNTY				
DIMECTOR	RESIDENCE OF DECEDENT						1				
	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS?				
		Arundel			Burnie		1 N YES 2 NO				
\$	10e. STREET AND NUMBER	,			of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	7214 Crown Road				21061			J.S.A.			
BY FU	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	IN U.S. ARMED 3 2 2 NO DATES	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You be specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ YES ②C∷NO Specify:				RACE — Americen Indien, Black, White, etc. Specify: Vhite				
	15. DECEDENT'S ED! (Specify only highest grad	UCATION to completed	16a. OECEDENT'S	TION most of working	16b. KIND OF BUS	SINESS/INDUST	RY				
-	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)							
COMPL	5th		Fork Li	.ft Ope			al Moto	ors			
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)				
H H	William Henry B	lizzard				Ida Martin					
2	190. INFORMANT'S NAME (Type/Print) Sandra Elburn					Route Number, City or Tow					
	200. METHOD OF DISPOSITION		0b. PLACE OF DISPOS			Burnie, Md	. 27067 CATION — City				
	1 Burtel 2 Cremetion 3 Res	moval from State	other place)	_	Cemetery	200.00		1100			
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			ANO AODRESS OF FA	CILITY	Balto.	, Md.			
	+ Haren TW.	Hoight					195 Sy	21784 kesville, Md.			
	23. PART I. Enter the diseases, or	complications that cause. List only one cause on	ed the desth. Do r	not sntsr ths r	nods of dying, suc	h as cardisc or raspi	iratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final Onset and Desti										
	disesse or condition	a Caroll	le Cerrect								
		DUE TO (OR AS A CONSEQUENCE OF):						12 0			
5	Sequentially list conditions,	b. DUE TO (OR AS	R AS A CONSEQUENCE OF):				1224				
<	If any, leading to immediate cause. Enter UNDERLYING	Isch	Chamic Klast Lesecuse					į i			
CEHIIFICATION	CAUSE (Disease or Injury that initiated events	C. OUE TO (OR AS	AS A CONSEQUENCE OF):								
로	resulting in desth) LAST	d									
	PART II. Other significant condition	one contributing to death	but not resulting	In the underly	ing cause given in	Part I. 24a, WAS AN	AHTOREY	24b. WERE AUTOPSY FINDINGS			
3	Plesone		cellere	in the underly	ing cause given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		1				1 YES 2	P MO	OF GEATH?			
Σ							- 1	1 Nes 2 No			
BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Ch	neck only one)					
2	EXAMINER?	HOSBITAL: 1 ☐ Inpatient 2 ☐ ER/Ou	stpatient 3 DOA	OTHER:	ome 5 - Residence	8 Other (Specify)					
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			
_	1 Vatural 5 Pending 2 Accident Investigation		, inc		WORK? YES 2 NO						
	3 Suicide 8 Could not be	26a. PLACE OF INJUI	RY — At home, farm,	street, factory, of	fice	28f. LOCATION (Street City or Town, State)	end Number or F	Rural Route Number,			
<u> </u>	4 Homicide detarmined										
2	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kno	wiedge, death occurr	ed at the time, d	ate end place, end due	to the cause(e) end ma	nner as atated.				
COMPLEIED	0001	NER: On the basie of examinat	ion and/or investigation	on, in my opinior	, death occured at the	time, date and place, ar	nd due to the ca	euse(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CENTURE	en / //	/ / / .	$\overline{}$	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)			
J BE	Keu	12 V. 1840	46 MM) D3112				122 / 4/22/80				
2	30. NAME AND ADDRESS OF PERSON W KEVIN J. DOYLE,				TIMORE,	MARYLAND :	21225				
	31. DATE FILED Month, Clay, Year) 32. REDISTRANG SIGNATURE Randese Pandase 32. REDISTRANG SIGNATURE Randese										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 18 may be maken	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be mottle	l
2	80		ä	ŀ
ì	ä		Ħ	l
10	8		Ē	l
Pag	- Qi		Jer	l
ath.	nera		E	l
ir de	Se fe	e .	ex	L
afte	₽ ₽	MOV.	icai	Γ
OUIS	드	Dr re	med	
1 47	£ E	. no	he	l
thin	stely	mati	11, 1	l
M P	mpl	, Cre	ever	l
cute	00 p	unial	lic	l
exe	n an	9	ma	ŀ
e De	sicia	rior	Ē	l
ficat	Ē	ne p	her	ĺ
centi	ding	ğ	10	l
ath	tten	国	0 ,	l
e de	the a	Men	=	l
at th	3	and	y In	l
s th	paul	듩	an	l
quire	n sig	He	OW	l
ĕ.	pee	H. 0	5	l
e 13	has	8	1 23	Į
Ē	cate	State	Iten	l
CIA	ertifi	the	0	i
H3S	o sir	Fig.	ed,	l
9	the th	ath	nari	l
NO.	E Af	e de	5	١
TE	PH.	afte	28	١
DR A	386	OURS	E e	l
AL	AL	2	=	l
SPI	NER.	hin	Ä	
모	3	Will	HTA	
芒	王	filed	20	
2	2	3	至	ĺ

GREGORY

31. DATE FILED (Month, Day, Year)
APR 24

use as the burial-transit permit. Pages 1, 2, 3 should

attending physician.

Page 5 may be retailed

•	FOR 1 - STATE	STATE OF MARY	YLAND / DEPART							
1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ROBERT WIL	LIAM	BRASHEAR	CATE OF	DEATH	2. DATE OF D	G. NO. EATH 2, 14990	90	3. TIME OF DEATH 5:35AM M	
		1 □MAZŒ F	OU YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BII 06/25/	39	1ARYL		
TOR	99. FACILITY NAME (it not institution, give str FREDERICK MEMORIAL RESIDENCE OF DECEMENT			-	Y, TOWN OR LOCATION OF GEATH BDERICK FREDE				ry of death ERICK	
DIRECTOR	MD STATE 106. COUNTY FRED	FRED	ERICK COCAT					10d. INSIDE CITY LYMAS? 1 YES 2 NO		
FUNERAL	10635 GASHOUSE PIK		101	2170	1	10g. Ci	rizen of W	A .		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	R IN U.S. ARMEO ES 2 NO R DATES	If yes, sp	endent of Hispan ecity Cuben, Mexice 2 NO Noocity	n, Puerto Ricen,		14. RACE — American Indien, Black, White, etc. WHITE			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	18e. DECEDENT'S U (Give kind of w life. Do NOT use MAINTE	ork done during mo retired.)	ON at of working	1.55	OF BUSINESS/IN				
E een	17. FATHER'S NAME (First, Middle, Lest) JESSE HERBERT BRASHEARS 18. MOTHER'S NAME (First, Middle, Melden Surname) LENORA IRENE ECKER									
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) TIMOTHY W. BRASHEARS 8018B GASHOUSE PIKE FREDERICK MD 21701									
	20c. METHOD OF DISPOSITION BURIAL t Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20c. LOCATION — City or Town, 9 CHAPEL CEMETERY 20c. LOCATION — City or Town, 9 NR.LIBERTYTOW							OWN, MD		
	22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS LIBERTYTOWN, MD									
9	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, abock, or heart failure. List only one cause on each ilns. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
BY PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 100 1 1									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch		offy)			
ВУ РН	27. MANNER OF OEATH 1 Netural 8 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Dey, Year) 28. TIME OF INJURY WORK? 1 YES 2 NO 28. INJURY AT WORK? 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (URY — At home, ferm, s Specify)	rredt, factory, offic	100	28t. LOCATION City or You	I (Street and Numb vn, State)	er or Rural R	oute Number,	
COMPLETED	CONSTRUCTION OF THE CONSTR	EAN: To the best of my k							and menner ee stated.	
TO BE C	29b. SIGNATURE AND THILE OF CERTIFIER				29c. LICENSE NUI		29d. D/	-	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type,	Print)						

4 W. 7th ST.

32. REGISTRAYS SIGNATURE
GUNA DAVIDON-Randall

FREDERICK, MD

BALTIMORE AND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

the hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should	2000	and an annual
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zone with safer death. Page that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed writin 72 hours after death with the State Dept. Of Health and Mema hydene prior to build, cremation, or reflowd.	IMPONINTEE. IN 1981 to 15 HIGHERY. OF AGIN 52 SHOWS AND HIGHERY OF THE MACHINET OF THE PROPERTY OF THE PROPERT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE BEG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	DID DUOY				2. DATE O	OF DEATH	5 - 9 ^{YE}		TIME OF DEATH	
	DIE BUCK									M
1 Construction of the cons			F UNDER 1 YEAR	JF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month, 07-	Day, Year) 16-33		inthela Flor	E (State or Foreign	n
9e. FACILITY NAME (if not institution, give street	t and number)	9	b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH		
5686 French Avenue			Sykesvi	lle			Carro	11		
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TION				10d	INSIDE CITY	
	1 County	Syk	esville	9				1 [LIMITS? YES 2 X NO)
10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
5686 French Avenue				21784			U.S.	A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecity Cuben, Mexice 2 NO Specifi	in, Puerto R			Black, W?	American Indian, ille, etc. hite	
16. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	18a, DECEDENT'S US (Give kind of work life. Do NOT use in	k done durina ma	ON set of working	18b.	KIND OF BUS	INESS/INDUST			
Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Homema	ker			Dome	stic			
17. FATHER'S NAME (First, Middle, Last)		1101101102	, to L	18. MOTHER'S NA	AME (First, M					
Marcus R. Cribb	S			Matti	le V.	Edenf	ield			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street e	and Number or Rural				ie)		
William Edward Buc	k	5686 F	rench A	venue Sy	kesv:	ille,	MD 217	84		
20e. METHOD OF DISPOSITION 1 □ Burlal 2 ▼ Cremetion 3 □ Remova 4 □ Donation 5 □ Other (Specify)	I from State	other place) Carroll C			205	110	CATION — City		State	
21. SIGNATURE OF FUNERAL SERVICE LICEN		Carron C	22. NAME AI	ND ADDRESS OF FA	CILITY					
> Bais	A diens	114		ht Fune						
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			E				Sys	leath
PART II. Other significent conditions of	contributing to death b	ut not resulting in	the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?	COL	RE AUTOPSY FIND ILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 [] NO	JSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OCRITAL			LACE OF DEATH (Ch	heck only on	9)				
	OSPITAL: Inpetient 2 ER/Outp		OTHER:	no 8 Anaidence	8 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Maturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (TY WO	JURY AT DAK? YES 2 NO	28d. DE\$	CRIBE HOW IP	JURY OCCUR	ED		
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre			28f. LOCA City o	ATION (Street a or Town, State)	nd Number or F	tural Route	Number,	
	N: To the best of my know	ledge, death occurred	at the time, date	and place, and due	e to the cau	ee(a) and man	ner as stated.		4	
								ruse(s) and	f manner as etate	ed.
(Check only		n and/or investigation,			time, date					ed.
(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation,	in my opinion, c	29c. LICENSE NU	MBER		29d. DATE SA			ed.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within smooths after death, Page a may be appreciate to attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors are a second for use as the second filled in by the funeral directors.		
9	LISS I		
Ē	Q p		
S	8		兹
ä.	2		ij,
×	질	ē	E
뎚	ā		Щ
21	r	5	
8	Œ.	Ħ	題
Ē	7		Ē
9	텵		Ē
Z.	可		ner
æ.	mer		E
90 %	10 th	9	l ex
alle	5	DE	lica
OULS	트	Dr 70	пер
	100	00,	he
Nin I	tely	mati	t, t
M	nple	Ç	Ven
Degr.	8	rial	0
900	동	2	nat
8	clan	lor t	2
cate	thysis	e pu	er to
ertil	9	Dien	to other
9	Budi	£	0
dea	e att	lema ema	UN.
the state of	y D	2	Ē
that	d be	th ar	any
lires	Sign	Heal	12
9	eeu	0	sho
W.	as b	Sept.	23
1	rte h	ate (E
AN	tifica	e St	1 1
Sici	Ce	th th	9,0
돑	this	Wit	rke
NG.	Mer	eath	E
2	R	p Jet	2
¥	5	s af	1 28
8	DIR	DOUR	ten
TAL	M	2	=
980	MER	thin	H
EX	E FL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a marked.
五	H	file	40
F	H	2	=

	FOR	STATE OF MARYLAND /	DEDARTMENT OF	UFALTU AND A	AFAITAL UVCIFA	ır	90 12815
	1 - STATE REGISTRAR		ERTIFICATE O		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Brocku)au			7 19	3. TIME OF DEATH
		5. SEX 6. AGE (In yrs. ias			7. DATE OF BIRTH (Month, Day, Year) 3-13-		BIRTHPLACE (State or Foreign Country) Dalfimore
TOR	90. FACILITY NAME (If not institution, give stre Cherry wood mand 12020 Reisterstown ! RESIDENCE OF DECEDENT	or Extended Caro	e Reis	n or location of de terstown	ATH	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	roll	Westmins				10d. INSIDE CITY LIMITS? 1 YES 2 \(\) NO
FUNERAL	10. STREET AND NUMBER 504 Bethany Ct			21157			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPAN, apacify Cuban, Mexical /ES 2 LNO Specify	n, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
OMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18a. DE (G (G) life.	ECEDENT'S USUAL OCCUP live kind of work done during Do NOT use retired.) Salescle1	most of working	WOOL	worth	
CON	17. FATHER'S NAME (First, Middle, Last) Leslie Earl Tay	ylor			ME (First, Middle, Maide Alice M		
	19a. INFORMANT'S NAME (Type/Print) Barbara L. Lee		604 Bethar				
-	20s. METHOD OF DISPOSITION 1.6 Buriel 2 Cremetion 3 Remon	val from State 20b. PLACE	of disposition (Name of green Men	orial	F	inksbu	rg. Md.
	21. BIGNATURE OF FUNERAL SERVICE LICE		Thon	and adoress of FA	etcher a n _M atree	Son	F.H.
	23. PART I. Enter the diseases, or co shock, or heert failure. L	omplications that caused the da list only one cause on each line				piratory arreal	Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSE		io- phe	ninomia		Onset and Death
MOIT	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions	contributing to death but not	resulting in the under	lying cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME							1 (YES 2 (NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 -NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	QTHER:	B. PLACE OF DEATH (Ch Home 5 - Residence			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	25e. DATE OF INJURY (Month, Day, Year)		WORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED
	3 Suicide 6 Could not be determined	25e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory,	office	251. LOCATION (Stree City or Town, Steel		Rural Route Number,
COMPLETED	constant oray	CIAN: To the best of my knowledge, d R: On the basis of examination end/or					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	le		29c, LICENSE NU			NONED (Month, Day, Year)
2	30, NA AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)			***	

Will Ca

OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Rando 82

31. DATE FILED (Morato, Day, 1607)
APR 27 90

permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	D.	OADUATED			2. DATE O	OF DEATH DA		/EAR	TIME OF DEATH
	EDNA MAE 4. SOCIAL SECURITY NUMBER		ROADWATER In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	O S	-		05:20am M
	Contract and Contr	1□M2+F 66	S YRS. MOI	ITHS DAYS	HOURS MIN.	(Month, 6-1)	Day, Year) 7 – 192		country) Mary	land
TOR	SACRED HEART HOSE		-		erland	AIII		ALLEG		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Garr			own on Locate						Dd. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER			101.	ZIP CODE					AT COUNTRY?
NE.	Rt. 1, Box 174	A 12. WAS DECEOENT EVER II	NIIS ARMED	13 WAS DEC	21520	IIC OBIGINS	/Specify Vee	US.		- American Indian.
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, spe	city Cuben, Mexica 2/NO Specify	n, Puerto R			Black, V	white white
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done during mos		16b.	KIND OF BUS	INESS/INDUS	STRY	
MPL	7th		Cook				Rest	aura	nt	
CO	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA				010	
BE	Lewis 19a, INFORMANT'S NAME (Type/Print)	Hoover	19b. MAILING AD	DRESS (Street a	nd Number or Rural I		la Ma			
5	Gary Hoover				, Frie				21!	531
	20e. METHOD OF DISPOSITION 1 LS Burlei 2 Cremation 3 Remov	ral from State	other place) Grants		etery, cremetory or Cemete	ry		entsv		e, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE PEWMAL		Net	oman Fu	nera				•
	23. PART I. Enter the diseases, or co shock, or heert fellure. Li immediate CAUSE (Finel disease or condition resulting in death)	POSSI LIC	ach line.					retory arres	nt,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DI abeles	CONSEQUENCE OF):	itus,						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death b	out not resulting in t	he underlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	C	IERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only on	0)			
/SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out		THER: Nursing Hom	5 Residence	6 🗆 Other	(Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	/ WO	URY AT RK7 'ES 2 NO	28d, DE\$	CRIBE HOW I	NJURY OCCU	RED	
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stree		_	281. LOCA	ATION (Street or Town, State)	and Number o	r Rural Roc	ite Number,
COMPLETED	(Crieck Drilly	IAN: To the best of my know : On the basis of examination								and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	MD		29c, LICENSE NUI		1	29d. DATE	SIGNED (A	Honth, Day, Year)
D	30. NAME AND ADDRESS OF PERSON WHO K.R. SURESH, M.D.		EATH (ITEM 27) (Type, Pri				МП	21502	112	110
	31. DATE FILED (Month, Day, Year) APR 6 90	32. REGISTRAR'S SIGN	NATURE	LIDIN	, COLIDER	шип	, 1111	41302		

agree M.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zalendeath, safer death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Secretary Name (Print, Marke, Last) Control of the Control of	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND M	MENTAL HYGIEN		0 12017
LOCAL SECURITY HAMBERY 2.13-03-1040 1.26 F 6	1. DECEDENT'S NAME (First, Middle, Lest)	. /						
4 SOCIAL SCHIPT INSERTING 1. ACE IT IN THE PART AND FAMORIES 1.	ERNEST RI	icht tel					1 0 -	
THE RECEIVES OF DECERDING CHANGE CONTINUE CONTIN		S. SEX S. AGE	In yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
THE RECEIVES OF DECERDING CHANGE CONTINUE CONTIN	213-03-1040	12M2 F 8	G YRS. MON	THE DAYS	HOURS MIN.		03	MD
NESTORE OF DECEDENT 106. CONTY 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION WESTERN 184. 106. CTT TOWN OR LOCATION OR LOCATI	Carroll County	ceperal H	/	. /	/		9c. COUNTY	OF DEATH
Westminster Comparison Com			10c. CITY, TO	OWN OR LOCAT	TON			10d. INSIDE CITY
TI. MANTEL STATUS II. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL STATUS III. MANTEL MANTEL STATUS III. MANTEL MANTEL STATUS III. MANTEL MANTEL STATUS III. MANTEL American Indian. Mantel December 1 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. Mantel 2 Status III. MANTEL American Indian. III. Mantel 2 Status III.	Morgland Ca	rroll	Wés	tmins	ter			
MATERIA STATUS 1.5 MATERIA				101				
The control of control of the contro				L			-	
S. DECEDIATY EQUICATION The DECEDITY SUBLIC OCCUPATION The DECEDIT SUBLIC OCCUPATION The DECEDIT SUBLIC OCCUPATION The DECEDIT SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION The DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDITY SUBLIC OCCUPATION THE DECEDIT SUBLIC OCCUPATION	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuben, Mexicar	, Puerto Rican, etc.)	s or No 14	Black, White, etc.
Laborer Lehigh Cement Co. 17. MATHER'S NAME (First, Mode, Las) Edward Brightful 18s. NOTHER'S NAME (First, Mode, Major, Majo			16a. DECEDENT'S USU	JAL OCCUPATION	DN .	18b. KIND OF BU	SINESS/INDUS	
The Name (First, Modes, Last) The Name (First, Modes, Medicer Survaires)			(Give kind of work life. Do NOT use rel	done during mo tired.)	st of working			
Edward Brightful 198. MALING ADDRESS (Ginet and Number of Paul Route Mumble Copy or Town, State, 20 Code) Dorothy Brightful 20. Maling Address (Ginet and Number of Paul Route Mumble Copy or Town, State, 20 Code) 22. METHOD OF OBSPOSITION 1 M Burlet 2 Greenston 3 Ramovel from State 23. MATH. Entire the diseases, or Complications that all caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. 1. Manual RADDIATE CAUSE (Final diseased or Condition) 23. PARTI I. Chart significant conditions and the contributing to death but not resulting in the underlying cause given in Part I. 24. WAS CASE REFEREND TO MEDICAL EXAMBER? 25. PARTI II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. PARTI II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 27. MANNER OF DEATH (Produc only only 1) 28. WAS CASE REFEREND TO MEDICAL EXAMBER? 29. PAGE OF DEATH (Produc only only 1) 21. MANG AND ADDRESS OF FALSE (PROMITED CAUSE) 20. PLACE OF DEATH (Produc only only 1) 21. MANG AND ADDRESS OF FALSE OF MAJETY A Home, farm, street, factory, office only only 2 and manner as stated. 29. PLACE OF DEATH (Produc only only 1) 21. MANG AND ADDRESS OF FALSE OF MAJETY A Home, farm, street, factory, office only only 2 and manner as stated. 29. PLACE OF DEATH (Produc only only 1) 21. MANG AND ADDRESS OF FALSE OF MAJETY A Home, farm, street, factory, office only only 2 and manner as stated. 29. Cooked on 1 and manner on stated. 20. Cooked on 1 be destroyed and manner as stated. 20. Cooked on 1 and manner on stated. 20. Cooked on 1 and manner on stated. 21. MANG AND ADDRESS OF FALSE OF FALSE OF MAJETY A Home, farm, street, factory, office only only 2 and manner as stated. 20. Cooked on 1 and manner on stated. 21. MANG AND ADDRESS OF FALSE OF FALSE OF FALSE OF FALSE OF FALSE OF FALSE OF FALSE OF FALSE OF FALSE			Labore	r				ent Co.
198. MALING ADDRESS (Sincer and Aumber or Rural Rooms Number, City or Youn, Sans, Zip Code) 10. DOTOTHY Brightful 20. LICATION — City or Youn, Sans, Zip Code) 21. SECOND OF INSPOSITION 22. MALING ADDRESS (Sincer and Aumber or Rural Rooms Number, City or Youn, Sans, Zip Code) 22. LICATION — City or Youn, Sans, Zip Code) 23. MALING ADDRESS (Sincer and Aumber or Rural Rooms Number, City or Youn, Sans, Zip Code) 24. LOCATION — City or Youn, Sans, Zip Code) 25. LOCATION — City or Youn, Sans, Zip Code) 26. LOCATION — City or Youn, Sans, Zip Code) 27. MALING ADDRESS OF RACILITY 27. SIGNATURE OF FUNERAL SERVICE LICENSEE Prints & Funeral Home & Chape! 28. PLACE OF PUNERAL SERVICE LICENSEE PRINT II. City or the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and possible resolution of the cause on each file. LAT Washington Rd. Westminster MD 29. PLACE OF PLATH (Check only one) 20. LOCATION — City or Youn, Sans, Zip Code) 20. LOCATION — City or Youn, Sans, Zip Code) 20. LOCATION — City or Youn, Sans, Zip Code) 21. MALING ADDRESS OF RACILITY Prints & Funeral Home & Chape! 22. NAME AND ADDRESS OF RACILITY Prints & Funeral Home & Chape! 23. PLACE OF PLATH (Check only one) 24. WAS CASE REFERRED TO MEDICAL Examination of Conference of Code, City one) 25. PLACE OF PLATH (Check only one) 26. Code of the Cod							Surname)	
DOPOTHY BRIGHT II 20. METHOD OF DESPOSITION The Bright of Desposition The Bright		rul	405 2444 000 400	DB200 (0)	Marie Marie		- Ot-t- 7/2 O	
26. HALE OF DISPOSITION (Name of correlety, curratory or proposition of the Bustley Committee of Correlety, curratory or proposition of Committee of	EL LONGE EL LONGE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACT	ful	1.					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel 41.2 Washington Rd., Westminster MP 41.2 Washington Rd., Westminster	20a. METHOD OF DISPOSITION	208	PLACE OF DISPOSITIO					
23. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel 412 Washington Rd. Westminster MD 413 Washington Rd. Westminster MD 414 Washington Rd. Westminster MD 415 Washington Rd. Westminster MD 416 Washington Rd. Westminster MD 416 Washington Rd. Westminster MD 416 Washington Rd. Westminster MD 417 Washington Rd. Westminster MD 418 Washington Rd. Washington Rd. Westminster MD 418 Washington Rd. Westminster MD 418 Washington Rd. Westminster Rd. Westminster Rd. Westminster Rd				Cemet	erv	Те	vlors	ville. MD
ROPERT K. Pritts. Sr. 412 Washington Rd. Westminster. MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Check, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) B. DUE TO (OR AS A CONSECUENCE OF): DUE TO (OR AS A CONSECUENCE OF):	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	NO ADDRESS OF FAC	HITY		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest Between onco, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and interest Between onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	Pohent V	Daitta Ca						
IMMEDIATE CAUSE (Final disease or condition and death) DUE TO (OR AS A CONSEQUENCE OF): OUT TO (OR AS A CO	23. PART I. Enter the diseases, or o	omplications that cause	d the death. Do not	enter the mo	de of dying, such	as cardiac or resp	iratory arrea	t, Approximata
DUE TO (OR AS A CONSEQUENCE OF): A		List only one cause on e		0 1		- A	-el	
DUE TO (OR AS A CONSEQUENCE OF): A	disease or condition		Cerro	Ren	nato	in the	,,,	
DUE TO (OR AS A CONSEQUENCE OF): A	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):	0.4	0	-	a	
DUE TO (OR AS A CONSEQUENCE OF): DUE TO	Sequentially list conditions	s	oref	affe	the	a cu	-9(2)
DUE TO (OR AS A CONSEQUENCE OF): DUE TO	If any, leading to immediata	DUE TO (OR AS /	CONSEQUENCE OF):	7	R D	beaut	1	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PIRDINGS ASILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 VES 2 NO 28. DECIDING HOW INJURY OF I	CAUSE (Disease or injury			. (*	13.	P	(1071)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DLACE OF INJURY (Morth, Dey, Near 1 YES) 2 NO 29. DESCRIBE HOW INJURY OCCURED INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERT		4						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DLACE OF INJURY (Morth, Dey, Near 1 YES) 2 NO 29. DESCRIBE HOW INJURY OCCURED INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Check only one) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERTIFIER OF INJURY At Home, farm, street, fectory, office City or farm) State) 29. CERTIFIER (Direction) 29. CERT								1
25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO	PART II. Other algorificant condition			he underlyin	g cause given in	Part I. 24s. WAS AI PERFO		AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2		137	and Mr	(1 TYES	2 XONO	OF DEATH?
EXAMINER? YES 2 NO								1 YES 2 NO
EXAMINER? YES 2 NO	OF HIS CASE DESERBED TO MEDICAL			20.0	105 05 051711 001			1/
27. MANNER OF DEATH 1 Natural 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF ROUTRY (Month, Day, Year) 28b. TIME OF ROUTRY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 No 28c. LOCATION (Street and Number or Rural Route Number, City of Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. PLACE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. DATE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. DATE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. DATE OF INJURY — At home, farm, street, factory, office City of Town, State) 28c. DATE SAMENER: On the head of azamination and/or illed by the time, date and place, and due to the cause(a) and manner as stated. 28c. BIOMATURE AND TITLE OF PRESIDENCE OF OPERATH (ITEM 27) (Typo, Print) 30c. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OPERATH (ITEM 27) (Typo, Print)	EXAMINER?			THER:				
1 Natural 2 Accident 3 Suleide 4 Homicide 5 Could not be determined 2 Eas. PLACE OF INJURY — At home, farm, street, fectory, office 5 City or Roam State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office 6 City or Roam State) 28e. CERTIFIER 7 Check only 2 MEDICAL EXAMINER: On the basis of azamination analize intentigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 28e. SIGNATURE AND TITLE OF CRITIFIER 28e. SIGNATURE AND TITLE OF CRITIFIER 28e. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CRATH (ITEM 27) (Ryos. Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CRATH (ITEM 27) (Ryos. Print)							IN HIRW OCCIL	BEO
28a. PLACE OF INJURY — At home, farm, street, fectory, office 28c. PLACE OF INJURY — At home, farm, street, fectory, office 28c. CERTIFIER (Check only 3 MEDICAL EXAMINER: On the basis of examination analor investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 28c. SIGNATURE AND TITLE OF ENTIFIER 28d. DATE SIGNED (Annual Cong. Macr) 30d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHATH (ITEM 27) (Type, Pmt)	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y . W	ORK?	~ ~	P	NED
29a. CERTIFIER (Check only a medical examines). To the best of my knowledge death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a. SECRITIFIER (Check only a medical examines). To the best of my knowledge death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a. BIOMATURE AND TITLE OF CRITIFIER 29b. BIOMATURE AND TITLE OF CRITIFIER 29c. LICENSE NUMBER 29d. LICENSE NUMBER 29d. DATE BIOMED (Arbitit. Cos., Thank) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CRATH (ITEM 27) (Type, Print)	2 Deviate	28e. PLACE OF INJUR	/ — At home, farm, stree			26f. LOCATION (Street	and Number or	Rural Route Number,
(Check only 1 (C	- Could not be	building, etc. (Spe	clly)	M		City of Town Stan	2	
296. BIOMATURE AND TITLE OF PERTIPIER 296. DIOMATURE AND TITLE OF PERTIPIER 296. DIOMATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHARTH (ITEM 27) (Ros. Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHARTH (ITEM 27) (Ros. Print)	(Check only 1 CERTIFYING PHYSI							
30. NAME AND ADDRESS OF PENSON WIND COMPLETED CAUSE OF PENSON DEATH (ITEM 27) (7/00, PHIN)			6					Control of the Contro
30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7/10A. PHILL)	An	my-	W)	b .			14.	51-90
31. DATE FILED (Month), Day, 1997) 32 AUDISTRANZS GIGNATURE 22	/	O COMPLETED CAUSE OF SE	C. M = S /	"Dn)				
MAN T 41 Gulda Davidana Vangaga	MAY 1 QO	32 AUDISTRANS SIGN	MATURE Pandall					

North Leading 18

The control of the co

D 21203-3146

BALTIMORE

0	8	E
30	Ė	E
O.	Teg.	=
듶	Je .	E
g	2	- X
19	E 3	- 6
aff	28	20
12	-	9
ō	P 5	5 1
	Hile o	
-	23	5
-	ate	-
3	lo d	5 0
8	5	. 6
S	10	2
ex Se	E 4	60
93	5	3 5
A	Cia	2 6
용	3	5.
2	a	9
1	0	5 6
0	2	2
att	the state	- 6
8	60 5	5
2	5	E
100	3	-
\$	2	
83	5	9 49
-5	20 3	3
9	ne ye	5 4
3	ă,	5 00
50	185	3 2
ě	0 5	E
11	3	E 5
3	150	2 2
8	9 1	
₹	S	8
2	=	7 2
9	ie.	E
8	K 1	O 60
H	8	- C
=	5	4
OC.	R	SE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . I ours after death. Page 6	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct	De filed Within 72 hours after deefit with the State Dept. Of regard and wenter hydrer prior to burke, the filed as a minora. IMPORTANT: If I leam 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner m
B	4s	Z =
E	E	= F.
8	2	5 3
工	W.	E
분	里?	9 0
TC	1	
H	1	5

Chodnicki

32. REGISTRAR'S SIGNATURE
July Son-Randall

Dennis

APR 17'90

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		TMENT				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) L/N WOOD	-			EN	TO	-	SR.	APU	11 14	1 19	90	18:29 P M
	4. SOCIAL SECURITY NUMBER 218-03-3870	5. SEX	6. AGE (In yrs. last	VRS.	IF UNDER	DAYS	IF UNDER	MIN.	12-1	5-16		Country) Mary	
TOR	Peninsula General RESIDENCE OF DECEDENT		1		Salis		y, M		ATH		Wicom	ico	тн
DIRECTOR	Maryland 10b. county	Some	rset	10c. CIT	Y, TOWN O		enona	a, M	D				Dd. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	Box 25 - Route 3						. ZIP CODI	218			Ţ	J.S.A	
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? IF YES, GIVE Y W. W. I		IEO)	1	yes, sp		n, Maxica	n, Puerto R	(Specify Yealcan, etc.)	or No—	I4, RACE — Black, V Specify:	American Indian, Vhite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) Grade 8		+) (Glv	e kind of a	USUAL OC work done of se retired.)			10		kind of Bus			White ion
ш	17. FATHER'S NAME (First, Middle, Last) Paul Benton								ME (First, M Horne	ladle, Maiden Y	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)									er, City or Tow	n, State, Zip (Code)	
	Audrey J. Benton 20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remarks	oval from State	20b. PLACE Cother place	F DISPO		me of cer	netery, cren		, I		CATION — C		, State
	a Donation 5 Other (Specify)	Trust	LA	Paul	Br	ads.	haw &	S Son	ns Fu	l We neral risfic			1817
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	et cause) The des		not enter	the mo	de of dy	ing, suc	h se card	ac or reap	iratory arre	at,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. UA DUE TO C. QCC	F CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTI	PNU DENCE O	FUM F):	10 ~	a re						
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	a contributing to	death but not re	aulting	in the un	derlyin	g cause	given in	Part i.	24e. WAS AN PERFO! 1 YES	PMED?	C	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATHY YES 2 PNO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER	t:			6 🗆 Other				
ву РНУ	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIN		28c. IN.	URY AT ORK? YES 2			CRIBE HOW	NJURY OCC	URED	
ED	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE i building	OF INJURY — A1 hor , etc. (Specify)	ne, ferm,	street, fact	ory, offic				ATION (Street or Yown, State)		or Aural Rou	ite Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE		f my knowledge, dea examination and/or is										and menner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	Chod	nech	1	MI)	29c. LIC	ENSE NUI	MBER	2	29d. DATE	SIGNED (A	Aonth, Day, Year)

Locust and Quincy Sts. - Salisbury, MD

ed at once.

₹.	P	6	8
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Ars after death. Plant	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner all be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
8	rs aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removed.	dicat
		led i	E
1	in 2	andor fi	\$
é,	W.	Crem	Vent
1314	cecuted	and co	atic e
×	be en	ician a	maeu
B	tificate	one p	her
Ö	Cer	Hyding	0 10
σ.	death	emtal	JLY.
DS	the	of the	in in
E C	that	th au	any
\ddot{S}	quires	Heal	OWS
8	₩ re	bee T.	5
Y	he la	has Deg	n 23
E	F.N	ficate State	ite
>	SICIA	certi	0
Ö	PHY	this	rked
N	ING	After	Ē
S	TENC	OR:	99
5	R AT	RECT urs a	m 2
ā	0 7	2 200	f He
	PITA	ERA	Ē
	2	F. H	TTAN
	岩	THE	POF
	2	23	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					OATE OF DEATH	YEAR	3. TIME OF DEATH P.
	THELMA M	· BLO	om				2 90	1:45 M
4			In yrs. last birthday)			OATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign ntry)
	214 34 0900		3 YRS.		0	8-11-193		PA
_	9a. FACILITY NAME (If not institution, give street				LOCATION OF DEATH		9c. COUNTY OF	
DIRECTOR	HARFORD MEMOR	RIAL HOS	PITAL	HAVRE	DE GR	FACE	HAIG	FORD
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	DN			10d. INSIDE CITY LIMITS?
5	MD Harfo	ord		Havre	de Grace	2		1 X YES 2 NO
7	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
LONEHAL	P. O. Box 3-333	Old Bay La	ane		21078		US	
5	11. MARITAL STATUS 1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECEM	NDENT OF HISPANIC (ORIGIN? (Specify Yes	or No — 14. RA Bi	CE — American Indian, ack, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES 2	NO Specify:		Sp	White
3	15. OECEDENT'S EDUCATION	ON	18a. DECEDENT'S L	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	
	(Specify only highest grade com	opleted) college (1-4 or 5+)	(Give kind of wi	ork done during most retired.)	of working	54.001.1.100.000		
COMPLE	12th		Owner/	Operator	•	Ceramic	cs Store	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAME		Sumame)	
ח	Lester A. Sand	ders				Mae Fox		
2	19a, INFORMANT'S NAME (Type/Print)		A STATE OF THE STATE OF		d Number or Rural Rout	- COLUMN TO THE		MD 21070
	Edward R. Bloom	200	. PLACE OF DISPOS				CATION — City or	MD 21078 Town, State
	1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata	other place)	Erin Cer		Hay	re de (Grace, MD
Ŋ	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			ADDRESS OF FACILI	П		
59	►W:00-	X. Dani			II-Smith I de Grace			
		-Usablana shas annon						
	23. PART I. Enter the diseases, or com			ot enter the mode	e of dying, auch a	a cardiac or reep	iratory arrest,	Approximate
	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel			ot enter the mode	e of dying, auch a	e cardlec or reep	Iratory arrest,	Approximate interval Between Onset and Death
	ahock, or heart fellure. List	Brain	ech line.	the or	o of dying, such a	cardiac or reep	ratory arrest,	Interval Between
	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition	Brain		the or	of dying, such a	Carle Correspond	iratory arrest,	Interval Between
NOI	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS	ech line.	h y	of dying, such a of to (Caule	iratory errest,	Interval Between
CATION	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	h y	of dying, such a of the (of the cute of	Carle Joen	ratory errest,	Interval Between
IFICALION	shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	h y	of dying, such a of to (Carle Jenne	ratory errest,	Interval Between
EHIIFICATION	shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF	h y	of dying, such a of to (of the cute M	Carle Joens	ratory errest,	Interval Between
CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS /	A CONSEQUENCE OF	n 7 7: (m 7: A	o to (Carde Joens Topara	AUTOPSY	Interval Between Onset and Death
AL CE	shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF	n 7 7: (m 7: A	o to (Saide Joens	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS /	A CONSEQUENCE OF	n 7 7: (m 7: A	o to (Carde Joens Tt I. 24a. WAS AN PERFOI	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS /	A CONSEQUENCE OF	n 7 7: (m 7: A	o to (Carde Joens Tt I. 24a. WAS AN PERFOI	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of	DUE TO (OR AS /	A CONSEQUENCE OF	n: (m) i: At	o to (rt I. 24a. WAS AN PERFOI	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of EXAMINER? 1 YES 2 NO	DUE TO (OR AS /	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	n: And make the state of the st	ceuse given in Pa	rt I. 24a. WAS AN PERFOI only one)	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JMO
PHYSICIAN: MEDICAL CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of EXAMINER? H	DUE TO (OR AS A	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	The state of the s	ceuse given in Pa	rt I. 24a. WAS AN PERFOI	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JMO
BY PHYSICIAN: MEDICAL CE	ahock, or heart feiture. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1.1 WAS AND REFERRED TO MEDICAL H 1 Natural CAUSE (Pending Investigation	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTribeting to death to CONTRIBUTE (CONTRIBUTE CONTRIBUTE CONT	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	OTHER: A COTHER: A C	ceuse given in Pa Ceuse given i	only one) Other (Specify) ad, DESCRIBE NOW	AUTOPSY RIMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JM
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions c 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1/4 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to the contributing to the contributing to the contributing to death to the contributing to the	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	OTHER: A COTHER: A C	ceuse given in Pa Ceuse given i	rt I. 24a. WAS AN PERFOI only one)	AUTOPSY RMED? 2 NO INJURY OCCURED and Number or Run	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JM
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF-DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTribeting to death to CONTRIBUTE (CONTRIBUTE CONTRIBUTE CONT	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	The in the underlying 26. PLA OTHER: 4 Nursing Home E OF 26c. InJU URY WOR 1 YE street, factor) office	ceuse given in Pa Ceuse given i	IT I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? 2 ANO INJURY OCCURED and Number or Run	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JM
ED BY PHYSICIAN: MEDICAL CE	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1.4 WAS CASE REFERRED TO MEDICAL EXAMINER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to the contributing to death to the contributing to death to the contribution of the contribution o	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	The street, factor) office at the time, date at	ceuse given in Pa Ceuse given i	only one) Other (Specify) Bd. DESCRIBE NOW 8f. LOCATION (Street City or Town, State the cause(e) and ma	INJURY OCCURED and Number or Run inner as stated.	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JMO
E COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAL	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to the contributing to death to the contributing to death to the contribution of the contribution o	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I	in the underlying 26. PLA OTHER: 4 Declaration of the street, factor) office betty et, factor) office ad at the time, date as on, in my opinion, declaration.	ceuse given in Pa Ceuse given i	only one) Other (Specify) Bd. DESCRIBE NOW Bf. LOCATION (Street City or Town, State the cause(e) and mane, data and place, a	INJURY OCCURED and Number or Run inner as stated.	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JW9 Tall Route Number:
BE COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart feiture. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF-DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Check only one) 2 MEDICAL EXAMINER: Cone) 29b. SIGNATURE AND TITLE OF GERTIFIER	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contribating to death to Contribating to deat	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting I 28b. Timin INJ Y – At home, fahre, a wiedge, death occurre on and/or investigatio	on the underlying 26. PLA OTHER: 4 PLA URY MOR 1 YE Stryet, factor) office and at the time, date at the time, d	ceuse given in Pa CE OF DEATH (Check S G Residence 8 (SRY AT 1K7. ES 2 NO 2 and place, and due to the time occurred at the time occurred at the time of the course	only one) Other (Specify) Bd. DESCRIBE NOW Bf. LOCATION (Street City or Town, State the cause(e) and mane, data and place, a	INJURY OCCURED and Number or Run inner as stated. and due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JW9 Tall Route Number:
E COMPLETED BY PHYSICIAN: MEDICAL CE	ahock, or heart feiture. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1/4 WANNER OF-DEATH 1 Matural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contribating to death to Contribatin	pettent 3 DOA 28b. Timiny Y — At home, fahre, a wiedge, death occurre on and/or investigatio	on the underlying 26. PLA OTHER: 4 PLA URY MOR 1 YE Stryet, factor) office and at the time, date at the time, d	ceuse given in Pa CE OF DEATH (Check S G Residence 8 (SRY AT 1K7. ES 2 NO 2 and place, and due to the time occurred at the time occurred at the time of the course	only one) Other (Specify) Bd. DESCRIBE NOW Bf. LOCATION (Street City or Town, State the cause(e) and mane, data and place, a	INJURY OCCURED and Number or Run inner as stated. and due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JW9 Tall Route Number:

32. REGISTRATUS SIGNATURE
JUNA DAVIDSON

Pandelle

"APR" 30

021203-3146

BALTIMORE, MA TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. As after death, Page 6 may be me. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

BE

2

Gene

Ashe,

31. DATE FILED (Month, Day, Year)
APR 30

M.D.

'90

mil

DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10200 Coppermine Road, Woodsboro, 32. REGISTRA

	FOR STATE REGISTRAR	STATE OF M							MENTAL	HYGIEN REG. NO			0 16	02	U
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH 3. TIME OF			3. TIME OF DE	ATH	_	
	Alice Virginia Barrick							MONTH 4		AY	90	9:30 F	M M	M	
	4. SOCIAL SECURITY NUMBER 214-12-9838	5. SEX 5. AGE (In yrs. lest		t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Month,	Dey, Year)		8. BIRT	HPLACE (State or		
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN	OR LOCATI	DN OF DI			-	JNTY OF I	_	-	_
TOR	10 N. Main St.				Wood	sbor	0				Fr	eder	ick		
DIRECTOR	Maryland Frederick			10c. CITY, TOWN OR LOCATION Woodsboro							10d. INSIDE CILLIMITS?				
7	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF						
ER	10 N. Main St.				21798				U.S.A			Α.			
BY FUNERAL	11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Diverced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 M IF YES, GIVE WAR OR DATES				MED 13. WAS DECENDENT OF HISPAN			NIC ORIGIN? (Specify Yea or No— 14. R. in, Puario Rican, etc.)		14. RAC Blac	RACE — American Indian, Black, White, etc. Specify: White				
8	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b.	KIND OF BU	SINESS/IN	DUSTRY	WILLE		_
COMPLETED	(Specify only highest grade completed) (Give kin Elementary/Secondary (0-12) Collage (1-4 or 8 +)				d of work done during most of working of use milited.) etician					food					
MO	17. FATHER'S NAME (First, Middle, Lest)	7		die (.1016	111	18, MOT	HER'S NA	AME (First, M					_	
Ö	17. FATHER'S NAME (First, Middle, Lest) Oscar S. Barrick Alice L. Gesey														
BE	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								_						
2	Farmers & Mechanics Natl. Bank P.O. Box 518 Frederick, MD 21701														
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Mt. Olivet Cemetery 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other piece) Mt. Olivet Cemetery Frederick, MD														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons								_						
	Catharine O. Harbler Woodsboro, MD														
	23. PART I. Enter the diseases, or o				not snte					isc or resp	olratory s	rrest,	Approxi		
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final								Onset a	nd Deat					
	IMMEDIATE CAUSE (Finel disease Dr condition resulting in death) PUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	DUE TO (OR AS A CONSEQUENCE OF):									_					
z	Metastatic colon cancer														
5										4	£.				
S	CAUSE (Disease or Injury										100				
CERTIFICATION	that initiated events resulting in death) LAST								des .						
H	d.									_					
	PART II. Other significant condition	a contributing to	dseth but not i	resulting	In the u	nderlyir	g cause	given in	Part I.	24s, WAS A		Y 24	b. WERE AUTOPSY		3
5							100000000000000000000000000000000000000		AVAILABLE PRIC						
MEDICAL											יייי און		OF DEATH?	ND ND	
MA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
SIC	EXAMINER? 1 YES NO 1 Inpettent 2 ER/Outpatlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
PHYSICIAN:	27. MANNER OF DEATH 1- Neturel 8 Pending (Month, Day, Year) 2 Accident Investigation			20b. TH	WE OF	28c. IN	JURY AT		28d. DEŞCRIBE HOW INJURY OCC		CCURED				
ВУ					INJURY WDRK? M 1 YES 2 NO										
COMPLETED B	3 Suicide 6 Could not be datermined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Run City or Town, State)						er or Rure	Route Number,							
LE	29a. CERTIFIER CERTIFYING PHYS	CIAN: To the best of	my knowledge de	oth occur	red at the	time de	e and nier	e, and do	e to the cer	m bos (s)es	enner sa s	teted.			
ME	one)	R: On the basis of an											(s) and manner a	a stated.	
55	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Vear)								_						

D31058

MD

21798

4/26/90

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM				YGIENE EG. NO.			16
t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATN		3. TIME OF DEATH	
WOODROW BENNETT					MAY	A DAY	1990	10:13	Δм
	SEX 6. AGE (In yo	rs. lest birthday)#F	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	IRTN	a, BIRT	TNPLACE (State or Fore	ign
220–10–5321	M 2 □ F 76	YRS.	CITY TOWN C	HOURS MIN.	AUG. 9		WEST . COUNTY OF	VIRGINIA	
						-			
MORAN MANOR NURSING	IOME		WESTER				ALLEG	ANY	
10a. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY LIMITS?	
MARYLAND ALLEGA	INY	CUM	BERLAN					1 TES 2 X	10
10e. STREET AND NUMBER			1.50	. ZIP CODE		10	27.10	WHAT COUNTRY?	
732 GOLDEN LANE	. WAS DECEDENT EVER IN U.			21502			USA		
t Never Married 2 Married	FORCES? t YES 2	NO	If yes, spi	ENDENT OF NISPAI ecify Cuban, Maxica	n, Puerto Rican		Bla	CE — American Indiar ick, White, etc.	1,
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE:		t 🗌 YES	2 NO Specif	y:		Spi	WHITE	- 0
15. DECEDENT'S EDUCATI	ON 18	a. DECEDENT'S USU	AL OCCUPATION	ON .	16b. KIN	D OF BUSINES	SS/INDUSTRY		
(Specify only highest grade continued (Specify only highest grade (Specify only highest grad	college (t-4 or 5+)	(Give kind of work life. Do NOT use ret	tired.)	st or working	KELL	Y-SPRI	NGFIE	LD TIRE C	0.
4		FACTORY	WORKER		CURI	NG ROC	M		
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle	, Maiden Surn	eme)		
PHILLIP BENNETT				MARY	(UNKN	OWN)			
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural					
GARNETTE BENNETT				LANE -CU	MBERLA	ND, MD	2150	02	
20s. METNOD OF DISPOSITION t [X Burlal 2] Cremation 3] Removal	from State [00	ACE OF DISPOSITIO				20c. LOCATIO	ON — City or	Town, State	
4 Donation 5 Other (Specify)		UNSET ME				CUM	BERLAI	ND. MARYL	AND
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE 1 1 1 1		GEOR	GE-UPCHU	RCH FU	NERAL	HOME,	P.A.	
202 GREENE ST., CUMBERLAND, MD 21502									
	grand		202	GREENE S	T., CU	MBERLA	ND. MI		
23. PART I. Enter the diseases, or con- shock, or heart fellure. List	plications that caused the	ne death. Do not e	enter the mo	GREENE S de of dylng, suc	T. CU	MBERLA or respirato	ND MI	21502 Approximatinterval Be	
ahock, or heart fellure. List IMMEDIATE CAUSE (Final	plications that caused the only one cause on each	ne death. Do not on line.	202 enter the mo	GREENE S de of dylng, suc	T., CU	MBERLA or reapirato	ND MI	Approxime	tween
shock, or heart fellure. List	Seate	elmia	202 enter the mo	GREENE S de of dylng, suc	T., CU	MBERLA or reapirato	ND MI	Approximation interval Better	tween
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition	only one cause on each	elmia	202 enter the mo	GREENE S de of dylng, suc	T. CUI	MBERLA or reaptrate	ND MI	Approximation interval Better	tween
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition	OUE TO (OFFAS A CO	NSEQUENCE OF):	202 enter the mo	GREENE S de of dylng, suc	T. CUI	MBERLA or reaptrate	ND MI	Approximation interval Better	tween
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate	Seate	ONSEQUENCE OF):	enter the mo	de of dylng, suc	h as cardlec	or reapirato	ry errest,	Approxime Interval Be Onset and	tween
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CO	ONSEQUENCE OF):	enter the mo	de of dylng, suc	h as cardlec	or reapirato	ry errest,	Approxime Interval Be Onset and	tween
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OFFAS A CO	ONSEQUENCE OF):	enter the mo	de of dylng, suc	h as cardlec	or reapirato	ry errest,	Approxime Interval Be Onset and	tween
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OR AS A CO	ONSEQUENCE OF):	enter the mo	GREENE S de of dying, suc	h as cardlec	or reapirato	ry errest,	Approxime Interval Be Onset and	tween
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OF AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	force T.	de of dying, such	has cardiac	COYZIN	opsy 2	Approxime interval Be Onset and	tween Death Death
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OF AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	force T.	de of dying, such	Huna cardiac	correspirate	opsy 2	Approxime Interval Be Onset and Onset and About Approxime Onset and About Approxime Onset Appr	Death Death Dilings
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OF AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	force T.	de of dying, such	Huna cardiac	Coryum	opsy 2	Approxime interval Be Onset and Onset and About and About and About and About and About and About and About and About and About and About and About and About and About and About and About and About and About and About a	Death Death Division of the control of the contro
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OF AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	force T.	de of dying, such	Huna cardiac	Coryum	opsy 2	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of	OUE TO (OR AS A CO	INSECUENCE OF): ONSECUENCE OF): ONSECUENCE OF): ONSECUENCE OF): ONSECUENCE OF):	ferrer the mo	de of dying, such	Part I. 24e	Coryum	opsy 2	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of EXAMINER? 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OF AS A CO	INSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	ference of the modern of the underlying 26. Pt	de of dying, suc	Part I. 24e	OFFICE OF THE PERFORMED YES 2 X	opsy 2	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? t yes 2 ANO 1. He to the conditions of the condition	OSPITAL: Inpellent 2 ER/Outpellet 268. DATE OF INJURY	INSECUENCE OF): ONSECUENCE ril 26. Pt THER: Nursing Nom To 28c, INJ	de of dying, suc	Part I. 24e	OFFICE OF THE PERFORMED YES 2 X	OPSY 2	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro	
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	OUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO Programmed To (OR AS A CO ONE TO (OR AS A CO	INSEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF): DISEQUENCE OF):	Jewell Jewell	de of dying, suc	Part I. 24e	or respirate	OPSY 2	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO 27. MANNER OF DEATN t Netural 5 Pending investigation 3 Suicide 6 Could not be	OSPITAL: Inpellent 2 ER/Outpellet 268. DATE OF INJURY	INSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): AT DOA 42 260. TIME OF INJURY At home, farm, street	26. PLER: A Lorder Ving 26. PLER: A Nursing Nom To See, NV M t NV	de of dying, suc	Part I. 24e 1 [Other (Sp 28d. DESCRIE	OF respirate WAS AN AUTT PERFORMED YES 2 X OC/ly) BE NOW INJUI	OPSY 2 NO RY OCCURED	Approxime Interval Be Onset and Onset and Approxime Interval Be Onset and Onset and Onset and Onset and Onset and Onset and Onset Interval Interval Interval Interval Interval Interval Interval Interval Interval Interval	Death Death Division of the control of the contro
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? t	OUE TO (OF AS A CO DUE TO (OR AS	INSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): DINSEQUENCE OF): AT DOA 42 260. TIME OF INJURY At home, farm, street	26. PLER: A Lorder Ving 26. PLER: A Nursing Nom To See, NV M t NV	de of dying, suc	Part I. 24e 1 [Other (Sp 28d. DESCRIE	OF TOPPING	OPSY 2 NO RY OCCURED	Approxime interval Be Onset and Onse	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OF AS A CO DUE TO (OR AS	In line. Cluster of the control of	FHER: Nursing Nom F 28c, INJ M t 0 R, fectory, office	de of dylng, suc	Part I. 24e Deck only one) 6 Other (Sp 28d. DESCRIB	or respirate WAS AN AUT PERFORMED YES 2 X BE NOW INJUI N (Street and I wrn, State)	OPSY 2 Proceed to the second of the second o	Approxime interval Be Onset and Onse	Death Death Division of the control of the contro
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO 27. MANNER OF DEATN t Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIA	OUE TO (OR AS A CO DUE TO (OR AS	INSEQUENCE OF): ONSEQUENCE ER: Nursing Nom T, sectory, office t the time, data	de of dylng, suc	Part I. 24e Octor (Sp 28d. DESCRIE 28t. LOCATIO City or To	OF respirate WAS AN AUT PERFORMED YES 2 X OC/ly) BE NOW INJUI N (Street and I win, State)	PY OCCURED Number or Rura as stated.	Approxime Interval Be Onset and Onse	Death Death Dinings O WSE O	
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CO DUE TO (OR AS	INSEQUENCE OF): ONSEQUENCE ER: Nursing Nom T, sectory, office t the time, data	de of dylng, suc	Part I. 24e Part I. 24e 1 [Other (Sp 28d. DESCRIII 28t. LOCATIO Chy or fo	WAS AN AUTH PERFORMED YES 2 X SEE NOW INJUI	OPSY 2 Process No RY OCCURED Number or Rura as stated.	Approxime Interval Be Onset and Onse	Death Death Dinings O WSE O	
ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inkleted events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CO DUE TO (OR AS	INSEQUENCE OF): ONSEQUENCE ER: Nursing Nom T, sectory, office t the time, data	de of dying, suc	Part I. 24e Part I. 24e Other (Sp 28d. DESCRIII 2et. LOCATIO City or To to the cause(e) time, dete and	WAS AN AUTH PERFORMED YES 2 X SEE NOW INJUI	OPSY 2 NO RY OCCURED Number or Rura as stated. is to the cause d. DATE SIGN	Approxime Interval Be Onset and Onse	Death Death Dinings O WSE O	
ahock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	OUE TO (OR AS A CO DUE TO (OR AS	Inte. CLUCIA INSECUENCE OF): CONSECUENCE OF):	April 26. PLETE SIN Nursing Nom F 28c. INJ WO M t SIN North factory, office the time, data in my opinion, d	de of dylng, suc	Part I. 24e Part I. 24e Other (Sp 28d. DESCRIII 2et. LOCATIO City or To time, dete and MBER	WAS AN AUTH PERFORMED YES 2 X SEE NOW INJUI	OPSY 2 NO RY OCCURED Number or Rura as stated. is to the cause d. DATE SIGN	Approxime Interval Be Onset and Onset and Onset and Ab. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CO. OF DEATH? t YES 2 N	Death Death Dinings O WSE O

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 · STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W W	3. TIME OF DEATH	
IRA MERI	ELL	BUSER			0 -	4 90		
		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
219-03-8929	M2 DF	75 YRS.	IONTHS DAYS	HOURS MIN.	DEC.20,19	14 M	ARYLAND	
9e. FACILITY NAME (If not institution, give street e	and number)	19	B. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY	OF DEATH	
SACRED HEART H	HOSPITAL		CUMBER	LAND		Δι	LEGANY	
RESIDENCE OF DECEDENT			-11 22	alata.		- 4		
WEST VA MINERA	u .		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
10e STREET AND NUMBER	۱۲	KII	DGELEY	I. ZIP CODE			1 - YES 2 X NO	
ROUTE 1-BOX 464	101	26753			09. CITIZEN OF WHAT COUNTRY?			
1 Never Married 2 Married	WAS DECEDENT EVER II FORCES? 1 YES	2 XNO	If yes, sp	ecity Cuben, Mexice	IIC ORIGIN? (Specify Yee n, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	<i>/</i> :		Specify:	
15. DECEDENT'S EDUCATIO	ON	18e. DECEDENT'S U			18b. KIND OF BUS	SINESS/INDUS	WHITE	
(Specify only highest grade comp. Elementary/Secondery (0-12) Co	oleted) ollege (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	ost of working	KELLY-SI	PRINGF	IELD TIRE CO.	
UNKNOWN		FACTORY 1	WORKER		POWER D	IVISON	#160	
17. FATHER'S NAME (First, Middle, Last)		•		18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)		
THOMAS HENRY BUSER				LAURENA	BOGGS			
19e, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, Stata, Zip Co	de)	
RONALD M. BUSER		198 N	MAIN STI	REET-RIDO	GELEY, WV	26753		
20e. METHOD OF DISPOSITION 1 N Burlet 2 □ Cremetion 3 □ Removal	200	D. PLACE OF DISPOSIT	TION (Name of cea	metery, cremetory or	20c. LO	CATION — City	or Town, State	
4 Donation 8 Other (Specify)	trom state	SUNSET MI	EMORIAL	PARK	CUI	MB ERLA	ND, MARYLAND	
21, SIGNATURE OF FUNERAL SERVICE LICENSI	EE		22, NAME A	ND ADDRESS OF FA	CH FUNERAL	ПОМЕ	DΛ	
Mande Dla	church				Γ., CUMBERI			
23. PART I. Enter the diseases, or comp	plications that cause	d the death. Do no						
shock, or haart tallura. List	only one ceuse on a	ach line.					Interval Between Onset and Death	
iMMEDIATE CAUSE (Final disease or condition	Acuto	Myeles	- Manie	100	leave 1-		Onset and Death	
resulting in dasth) e	DUE TO (OR AS	CONSEQUENCE OF	CHOUS	C 646	7/11/9			
		The state of the s					į	
Sequantisity list conditions, if sny, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF)	:					
cause. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF)						
resulting in deeth) LAST								
PART II. Other significant conditions co	ontributing to death I	out not resulting in	the underivin	a ceuse given in	Part i. 24s, WAS AN	ALITOPSY	24b, WERE AUTOPSY FINDINGS	
Coronary Ar	Lovy Dr.	145P.	SPALK		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
(Coronary)	1000	235,	412		1 □ YES 2	DING	OF DEATH?	
					—		1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26 D	LACE OF DEATH (Ch	eck only one ¹			
EXAMINER? HO	OSPITAL:		OTHER:					
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	RED	
Netural 5 Pending	(Month, Day, Year)	INJU	RY W	YES 2 NO				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	/ — At home, ferm, st	-		28t, LOCATION (Street	and Number or	Rural Route Number,	
4 Homicide 8 Could not be determined	building, etc. (Spe	cify)			City or Town, State;			
290. CERTIFIER	l. To the heat of our lease	dadas dadb sassass	d ad ab a ab a a deat					
CERTIFUNO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. One) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner se stated.								
			,		over the second			
29b. Signature and Title OF CERTIFIER	1 MM			29c. LICENSE NU	MBEH 25777	29d, DATE S	GNED (Month Day, Year)	
197 my 6	114/1/11			1111)//)/		1///	
20 NAME AND ADDREDG OF BERGON WELL AS	MIDIETED ON OF THE	ATU ATTO AT A	D-i-m	-				
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) 12 SPJ	(D	Much	erlan	MD ZISOZ	

Swiden

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

, m

	0	ir. Pa
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, -ricurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.
ORE	е 6 та	rector, p
LTIM	ath. Pag	neral di
BA	after de	by the formoval.
	HOURS	illed in
3146,	cuted within 2	d completely f urial, crematio
X X	be exe	cian and ior to b
. BO	rtificate	ig physi
P.0	eath ce	attendin rtal Hyg
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the d	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fr be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ITAL	N: The I	State De
≥ V	INSICIA	is certif
NO	JING PH	After the
VISIC	ATTENE	ECTOR:
DI	THE HOSPITAL OR	THE FUNERAL DIR

	1 - FOR STATE OF REGISTRAR		TMENT OF HEALTH AND MENICATE OF DEATH	ITAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	AE	slount!	DATE OF DEATH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 568-42-5789 9. FACILITY NAME (If not institution, give street and number)	6. AGE (In yrs. lest birthday) 56 YRS.			a. BIRTHPLACE (State or Foreign Country) ARIZONA			
TOR	1200 BROWN AVENUE		CUMBERLAND		9c. COUNTY OF DEATH ALLEGANY			
DIRECTOR	100. STATE 10b. COUNTY WEST VA. HARRISON		r, TOWN OR LOCATION RIDGEPORT		10d. INSIDE CITY LIMITS? 1 \(\text{\text{Y}} \) YES 2 \(\text{\text{NO}} \) NO			
FUNERAL	100. STREET AND NUMBER 105 - 5th. STREET		101. ZIP CODE 26330	10g. CITI	ZEN OF WHAT COUNTRY?			
BY FUNE	11. MARITAL STATUS 12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED 1 IX YES 2 □ NO WAR OR DATES	13. WAS DECENDENT OF HISPANIC O If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify:	RIGIN? (Specify Yes or No	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
once. COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or s	18a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Nork done during most of working e retired.) ATIONS SUPERVISOR	16b. KIND OF BUSINESS/IND				
COMF	UNKNOWN 17. FATHER'S NAME (First, Middle, Last) JOSEPH BLOUNT	TCOMMONIC	18. MOTHER'S NAME (First, Middle, Meiden Surname) (UNKNOWN)	(OAD)			
TO BE	190. INFORMANT'S NAME (Type/Print) VIRGINIA L. BLOUNT		ADDRESS (Street and Number or Rural Route - 5th. STREET, BRI	Number, City or Town, State, Zip	26330			
must be	26e, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOS	ORT CEMETERY	BRIDGE	PORT, WV			
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 21502							
other traumatic event, the medical examiner must be notified at once. TIFICATION TO BE COM		euae on each iine.	CiV. D.	cardiac or respiratory and	rest, Approximate Interval Between Onset and Death			
히	if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or injury	O (OR AS A CONSEQUENCE OF						
MEDICAL	PART II. Other aignificent conditions contributing	o death but not recuiting	in the underlying ceuse given in Pari	1. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 1 Inpetion 2	□ ER/Outpatient 3 □ DOA	26. PLACE OF DEATH (Check of OTHER: 4 Nursing Home 8 Residence 8					
marked, or item BY PHYSICI	27. MANNER OF DEATH 28e. DATE (OF INJURY 28b. TIM		d. DESCRIBE HOW INJURY OC	COURED			
28 is TED	3 Suicide 28e. PLACE	OF INJURY — At home, ferm, g, etc. (Specify)	street, factory, office 281	LOCATION (Street end Number City or Town, State)	r or Rural Route Number,			
의 건	(CONCR ONLY		ed at the time, date and place, and due to the time, in my opinion, death occured at the time					
IMPORTANT: II TO BE COMI	29b. SIGNATURE AND TITLE OF CERTIFIER BYS	- m.D. depo	ty ME, D193	16 P	TE SIONED (Month, Day, Year)			
,		EPUTY M.E.	acc offer prive	, CUMBERLAND	, MD 21502			
	MAY 08 1990 Sun Sund	RAR'S SIGNATURE						

S .

ARRIGAD TO ARREST COMMISSION

tending physician.

4 me

31. DATE FILED (Month, Day, Year)

'90

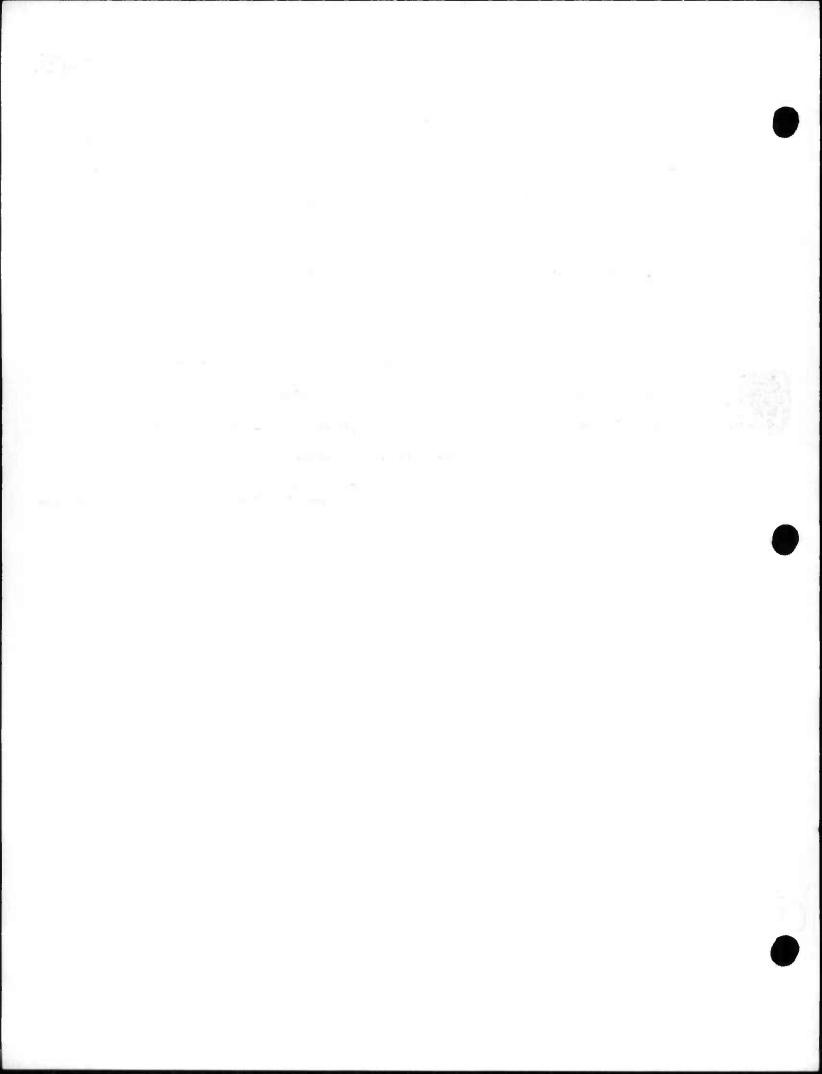
ant

drive # U.S.

32. REGISTRAR'S SIGNATURE
Sulia Davidson Pandelle

10	25	
ö	35	
랷	-	
æ	ą_	
	#	2
43	8.8	ß
83	- 35	巍
	100	э
äΝ.	8	Y
Œ١	Ø.,	- 23
Ф.	39	-9
70	990	- 1
ma	3	1
9	8	1
96	E.	
E	100	
5	9	ï
ea	Š	- 1
-	岩豆	
affi	N. F	1
153	10 8	9
100	20 5	5
75	E S	É
2	24	4
Ē	ete	1
3	du	5 5
pet	00 10	1
20	20	1
S	2 5	3
2	ian X	5
e	Sic	
ica	£ :	2
ig.	0.5	1
8	5	
=	ter le	
g	20 21	
age a	£ 2	
1	35	1
45	2 2	
SS	E HE	
Ē	8 3	Ě
9	een to	5 4
3	0 5	i e
63	Par C	5 9
E	ate of	200
ż	500	5
CPA	the ent	200
3	0 4	5
품	4	Ē,
9	10 4	5
8	A	Ď
E	œ 3	5
	B.	8
O.	RE	2
Ö	5	5
A	40	9 :
P	ER	E 1
8	5	
I	E 3	3
王	1	De filed William (2 Notics after Death with the State Dept. or regard and moving 17 years).
P	0	- I
1	- 4	2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page for the last the last and Marrial Harings prior in hinds remarked for the month.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BOOKER **BASS** 04 19 90 10 30PM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 | F 224-16-2101 01 05 Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATI DIRECTOR PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Virginia Alexandria 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 407 N. West Street 22314 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Spec#Black BY 3 Widowed 4 N Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Maintenance Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Augustus Bass Sally unk BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Tilghman 3203 Reed Street, 2821 - Lanham, Maryland 20706 ĕ 20s. METHOD of DISPOSITION
1 □ Burlal 2 🕾 Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION - City or Town, Stata Metropolitan Crematory 4 Donation 5 Other (Specify) Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Greene Funeral Home Alor 814 Franklin Street, Alexandria, Virginia 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel 9 disease or condition_ 1201 deny my resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF): san CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING acreton voncents CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: can. S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Upperlient 2 | ER/Outperlient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be COMPLETED determined 28 4 Homicide Item 29a. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Pal 4/216 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



LAND 21203-3146

	3	2	ō	E
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death equincate be executed within 2000	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
	듣	tely	mat	1,
•	M	ple	Cre	e le
	2	60	<u>e</u>	80
	20	B	Š	ž
	8	e u	2	E
	2	sicia	jou	E
	3	St.	e p	6
	1	00	glen	듬
	3	ndi	£	6
	eat	atte	mtal	2
	9	the	Me	호
	#	6	B	Ξ
	E.	9	the a	E S
	Sã	ign	eatt	92
i	3	G	H	ě
	>	be	1,0	8
ı	100	1935	Dep	23
	Ĕ	te 1	ate	E
	3	fica	S	=
	3	erti	the	0
	\$	is	#	ed
	2	4	÷.	Te a
	NG.	Afte	deat	E
	8	ä	er c	50
	Ē	6	aff	28
	8	분	DUITS	E
ì	=	0 7	2 7	=
	PITA	ERA	17	-
	8	N	1	A
	T.	H	P.	E
	王	F	file	2
	2	2	2	₹

	FOR 1 - STATE	STATE OF MARYL						12825		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Legat)	Choi Bah	CERTIF	ICATE OI	DEATH	REG. NO.	Y YE	3. TIME OF CEATH		
		5. SEX 6. AGE ((In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	TE OF BIRTN onth, Day, Year) 8. BIRTHPLACE (State or Foreign Country)			
TOR	98. FACILITY NAME (If not institution, give stre Greater RESIDENCE OF DECEDENT		. Hosp.	ATN	9c. COUNTY	ce Harge				
DIRECTOR	100. STATE 106. COUNTY Maryland Prin	ce George		γ, τοwn or loo √1 ⊖				10d. INSIDE CITY LIMITS? 1 VES 2		
FUNERAL	100. STREET AND NUMBER 6204 Darnell Grove				01. ZIP CODE 20720		Chi			
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Divorced	12. WAS OECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2XX NO	If yea,	ECENDENT OF HISPAN specify Cuban, Mexical ES 2/19NO Specify		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: Chinese		
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12) UNKNOWN	ATION completed) College (1-4 or 5+) UNKNOWN	llle. Do NOT u	work done during i	TION nost of working	166. KIND OF BU	SINESS/INDUST	ТЯУ		
BE COM	17. FATNER'S NAME (First, Middle, Lest) Ning Yu Tai	unanown			Unknowr	ME (First, Middle, Maiden	1000			
	19a. INFORMANT'S NAME (Type/Print) Henry Bah					ane Bowie				
	20e. METHOD OF DISPOSITION	val from State	o. PLACE OF DISPO other place)	Cemeter	remetery, crematory or		Laruel	or Town, Stata		
	21. SIGNATURE OF FLINEAU CERVICE LICE		/	Fleci	AND ADDRESS OF FA	Home, Inc				
	23. PART I, Enter the diseases, or complication that cause in each line. IMMEDIATE CAUSE (Finel disease or condition									
	reaulting in daeth)	OUE TO (OR AS	CONSEQUENCE	F):	ILLEU	c		DAYS		
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	DUE TO (OR AS /	DIABE TES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): CAR DIAC ARRYTHMIA					MUNTAS		
MEDICAL C	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. ANEMIA AMASARCA 1 VES 2							24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)		MA		
PHYSICIAN:	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	oma 5 🗆 Realdence					
ву Рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCUP	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm, c/fy)	street, factory, of	fica	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLET	torious only	CIAN: To the best of my knowns: On the basis of examination						ause(a) end manner as stated.		
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER PVI + The S.		2		29c. LICENSE NUI	998	29d. DATE 8	IGNEO (Month, Day, Year)		
I F	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN STEM OF CE-	- Pulati C			- 17			

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G101 C
PRITAM S SAIM MD LAUREL

32. REGISTRAR'S SIGNATURE
Davidson-Randall

31. DATE FILED (Month, Day, Year)
APR 25 390

DHMH-16 Rev 1/89

hospital or attending physician.	The state of the s	Proceedings at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and completely filled in by the funeral direction.	IMPORTANT; If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must

BALTIMORE WAS AND 21203-3146

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH M 990 100 B April 23. Lewis Heisler Breeding 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign Day Year) MONTHS DAVE HOURS Dec. 1918 Delaware 221-09-0076 1X M 2 | F YRS. 71 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Prince George's Doctor's Hospital Lanham DIRECTOR RESIDENCE OF DECEDENT Maryland Prince George's 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE U.S.A. 9318 Fontana Drive 20706 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puerto R Specify: White BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th Grade Conrail Train Engineer None 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) Ida Marion Lingan James Robert Breeding BE 19a, INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Breeding (Wife) 9318 Fontana Drive, Lanham, Maryland 20706 Clara W. 20e. METHOD OF UISPORTION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata n 3 🗆 Ren Darlington Cemetery Darlington, Maryland 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 23 PART Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between ahock, or heart failure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) CAMMON MIMOH BUM DUE TO (OR AS A CONSEQUENCE OF): RMWW WS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Nun & **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL VERMETES MAILABLE PRIOR TO MELLING COMPLETION OF CAUSE 1 | YES 2 | HO COMMUNECUM 119208E 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Netural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and man 296. BIGHATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) H 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) warm w. 10 6 80von rougher . 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Soundran-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ONMN-16 Rev 1/89

the hospital or attending physician.	detached for use as the burial-transit permit. Pages 1, 2, 3 should	filled at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page of personal or attending phy	DITHE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference of the formula	MPGRIANT II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be refined at once.

MAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		C	EKIIF	ICAH	E UF	DEATH		REG. NO	ł.		
	1. OECEDENT'S NAME (First, Middle, Lest) ANDERSON BA	NKETT							2. DATE OF DEATH MONTH APRIL	ž5,1	YEAR	TIME OF OEATN 11:05P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthdey)	IF UNDER	DAYS	IF UNDER 24 H	IRS.	7. DATE OF BIRTH			ACE (State or Foreign
	577-01-0397	1 🕅 2 🗆 F	87	YRS.					9/26/02			Va.
TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give s 4209 58th Aven						ensbu		ГН		P.G.	TH
5	RESIDENCE OF DECEDENT	uc 110										
E	10e. STATE 10b. COUNT				Y, TOWN							Dd. INSIDE CITY LIMITS?
0	Md. Pri	nce Geo	rge	В	Lad		ourg			T 40 - 017		YES 2 NO
BA	4209 58th Aven	ue #5				10	20710	1			U.S.Z	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	RMED			ENDENT OF H	ISPANIC	ORIGIN? (Specify Ye			- American Indian, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Olyorced	IF YES, GIVE V	YES 2.X	NO			ecity Cuben, M 2X NO S		Puerto Rican, atc.)		Specify:	
	15. OECEDENT'S EOU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of	work done	during mo	ON ost of working		18b. KIND OF BU	SINESS/IN	OUSTRY	
٣	Elementary/Secondary (0-12) 5th	College (1-4 or 5	+)	‰. Do NOT u [ail					Telep	hone	Comi	nanv
SWC	17. FATHER'S NAME (First, Middle, Last)		1.	IGII	Car.	1161		'S NAMI	E (First, Middle, Meider		COM	Juny
	Edgar Bankett								Ellen W		nato	n
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street i	and Number or F	Aural Ro	ute Number, City or Tox	vn, Stata, Zi	(p Code)	
F	Marie Banket						venue				burg	
	26a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)						netery, cremetor				er,	Maryland
	21. SIGNATURE OF FUNGAL SEPTICE LI	CENSEE (blen				AD AODRESS		ers Fune	ral	Home	
	William O.								Avenue			D.C.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. HYP DUE TO	EROSCI (OR AS A CONS ERTENS (OR AS A CONS	SION SEQUENCE O	if): if):	CAR	DIOVA	SCU	JLAR DIS	EASE	3	Onset and Death
	PART II. Other aignificant condition	na contributing to	death but no	t resulting	In the u	nderlyln	g cause give	n in P	art I. 24s. WAS A			PERE AUTOPSY FINDINGS
: MEDICAL									1 TYES	RMED? 2 XNO	0	MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL						LACE OF DEAT	N (Chec	k only one)			
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu	R: Irsing Nor	ne 5X Reside	ence 8	☐ Other (Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, E	INJURY Jay, Year)	28b, TII	JURY M	W	JURY AT ORK? YES 2 N	- 1	28d. DESCRIBE HOW	INJURY O	CURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE (building.	of INJURY — At	home, ferm,	street, fac	ctory, offi			281. LOCATION (Street City or Town, State	and Numbe	er or Rural Rou	de Number,
COMPLETED	one!								o the cause(a) and m			and manner as stated.
ш	296. BICSHAP LINE AND THE OF CURTOR		2				29c. LICENS			29d. DA	TE SIGNED (A	Aonth, Day, Year)
TO B	Must fin	1	17	thes.	4502						4/26,	/90
-		Frederi		_		Ir	ving S	St.	, N.W.	Suit	e 30	4
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE									
11	100 27 'OA	10. K.	- CK									

	total.	_
7	8	2
BALTIMORE, MARYLAND 21203-314	ğ	8
2	2	60
2	50	Sil
-	0	Ja
4	2	-
	8	the state of
Z	Z	lac
4	5	9
	>	9
>	9	2
Œ	8	100
4	100	8
Σ	2	10
-	B	90
Ш	Se S	6
Œ	E	20
0	9	128
5	0	din
=	4	100
	5	e
4	dea	į
00	100	the second
_	를	>
	60	9 6
	5	100
		Je le
	N	4
	· S	teh
10	¥	90
4	8	E
1	3	9
3	8	2
	8	-
×	×	23
0	8	3
111	3	5
o.	5	20
9	0	S
0	te	tte
-	8	"
	-	- 60
S	2	4
DS	if the	hy the
RDS	that the	ad by the
ORDS	es that the	and by the
CORDS	uires that the	signed by the
ECORDS	equires that the	an sinned by the
RECORDS	w requires that the	hean sinned by the
L RECORDS	law requires that the	as heen signed by the
AL RECORDS	he law requires that the	has been sinned by the
TAL RECORDS	: The law requires that the	atte has been signed by the
VITAL RECORDS	AN: The law requires that the	ifficate has been signed by the
VITAL RECORDS	ICIAN: The law requires that the	partificate has been sinned by the
F VITAL RECORDS	YSICIAN: The law requires that the	e nortificate has been signed by the
OF VITAL RECORDS	PHYSICIAN: The law requires that the	this cartificate has been signed by the
N OF VITAL RECORDS	G PHYSICIAN: The law requires that the	or this confificate has been signed by the
ON OF VITAL RECORDS	DING PHYSICIAN: The law requires that the	After this cartificate has been signed by the
ION OF VITAL RECORDS	ENDING PHYSICIAN: The law requires that the	9. After this certificate has been signed by the
ISION OF VITAL RECORDS	FTENDING PHYSICIAN: The law requires that the	TDB. After this cardificate has been signed by the
VISION OF VITAL RECORDS	ATTENDING PHYSICIAN: The law requires that the	SETTING After this partificate has been signed by the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-crs after death. Page 6 may be retained by the hospital or attending pl	processes the tris configure has been sinned by the attendion physician and completely filled in by the funetar, base 5 should be detached for use as the b

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. This after death. Page 6 may be retained by the above 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First,	MONTH DAY YEAR										3. TIME OF DEATH			
	Mary Lou:	ise B	ache							April 19,1990				6.20 M	
	Mary Lou:	BER	6. SEX	6. AGE (In yr	s. last birthday	IF UNDE	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	-1-7-7	S. BIRTI	IPLACE (State or Foreign	
	F77 /0 F000		1 □ M 2 🖔 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D			Count		
	577-48-5989									Novem	ber 2	3.19		Virginia	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
DIRECTOR	Pine View	Manor				C1	Clinton Prince George						Georges		
5	RESIDENCE OF DEC	CEDENT													
Ä	10a. STATE	10b. COUNTY	1		10c. CI	TY, TOWN	OR LOC	CATION					10d. INSIDE CITY		
5	Maryland	mn S	nwi.	200			1 TYES			1 YES 2 NO					
١	10e. STREET AND NUMBER		ce Georgi			<u>mir -2</u>		10f. ZIP COD	E		10g. CITIZEN OF WHA			WHAT COUNTRY?	
BY FUNERAL	6016 Summerhill Rd.							2074	0				S.A.		
9															
5	11. MARITAL STATUS	**********	12. WAS DECEDER FORCES?			13				NIC ORIGIN? (S		or No-	14. RAC Blac	E — American Indian, k, White, atc.	
-	1 Never Married 2		IF YES, OIVE			- 10		ES 2 NO			,,		Spec	tty:	
	3 Widowed 4 Dive	orced						11						white	
		EDENT'S EDU		16	a. DECEDENT	S USUAL	OCCUPA	TION most of worki		16b. KI	ND OF BUS	INESS/INI	DUSTRY		
<u></u>	Elementary/Secondary (College (1-4 or 8	+)	Ille. Do NOT	use retired.	.)	MOST OF WORK	'NY						
2			2		D 1.1 -						Banki	na			
2	17. FATHER'S NAME (First, M	Alcidia (ant)			Bookke	eper	_	10 MOT	MED'S NA	ME (First, Mick			_		
COMPLETED		. ,	T + 1. 1.									Jannetine)			
BE	Andrew E.		ith							May Ho					
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	IG ADDRE	SS (Street	et and Numbe	r or Rural	Route Number,	City or Town	, State, Zi	p Code)		
2	Linda Evan	ıs			6016	Sum	merh	nill F	24	Camp	Sprin	95.	MD.	20748	
	20a. METHOD OF DISPOSIT			20b. PL	ACE OF DISP					Camp				own, State	
	1V Buriel 2 Crematic		oval from State	of	her place)								0.000		
	4 ☐ Donation 6 ☐ Other		ediese (Lin	coln	_Cer	netery	7		Bren	EWOO	od. P	ID.	
	TT. SIGNATURE OF FUNERA	AL SERVICE LI	9 61	- 0								4308	Sui	tland Rd.	
	2-1	. /	1 The	Charle		R	ober	ct E.	Will	nelm.	Inc.	4500	Jour	tland Rd.	
-	00 01071 5-1	0	1	-var-c	A set De		- 44					Sult	land	Ma. 20746	
CERTIFICATION	- V	DUE TO (OR AS A CONSEQUENCE OF):													
Ē	If any, leeding to imme		DOE I	ON AS A CC	DNSEQUENCE	OF):									
2	cause. Enter UNDERLY CAUSE (Disease or Inju		c												
	that initiated events		DUE TO	OR AS A CO	ONSEQUENCE	OF):									
E I	resulting in death) LAS	°' (d												
5															
A	PART II. Other algnific	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?								24	b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO				
MEDICAL									1 TYES 2 NO				COMPLETION OF CAUSE OF DEATH?		
													- 1		
										—				1 YES 2 NO	
ÿ															
2	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			CT11		PLACE OF	DEATH (C	heck only one)					
Š	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatio	ont 3 🗆 DOA	OTH		iome 5 🗆 R	aeldenca	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a, DATE O			IME OF	28c.	INJURY AT		28d. DESCI		NJURY O	CCURED		
	1 Netural 6	Pending	(Month,	Day, Year)	1	NJURY		WORK?	NO.						
B	2 Accident	Investigation	22 71 105	OF 11: 11:1004	A. b										
0		Could not be	building	, etc. (Specify)	At home, farm	i, street, ii	actory, o	ITICA			Town, State)		er or Hural	Route Number,	
COMPLETE	4 Homicide	- Additioned													
7	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my knowled	ge, death occu	erred at the	e time, d	ista and plac	e, and du	e to the cause	(a) and mar	nner se st	ated.		
Ž	foreck only	-												(a) and manner as stated.	
္ပ		11					, -,				p			(4)	
BE	29b. SIGNATURE AND	A OP CERTIFIE	"					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
	1/1	A.A	/						D10	1431			11:	26/90	
2	30. NAME AND ADDRESS	ог герзон у	O COMPLETED CA	USE OF DEATH	H (ITEM 27) (%	pe, Print)				- 411			-10		
		1													
	24 DAYE STREET	- John Co	Tan man	A DIO ALCONO	upe										
31. DATE FRANCISCO 32. REGISTRAR'S SIGNATURE SUMMERS SIGNATURE SUMERS SI															

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
edical examiner must be notified at onc	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event. the medical examiner must be notified at once.
removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
n by the funeral director, page 5 should be deta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
rs after death. Page 6 may be retained by the I	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-ricours after death. Page 6 may be retained by the host

	FOR STATE REGISTRAR	STATE OF MA				IEALTH AND I	MENTAL HYGIEN	E	00 12025	
1	1. DECEDENT'S NAME (First, Middle, Last) JAMES	WILSON		BAKEI	{		2. DATE OF DEATH April 22,	1990	3. TIME OF DEATH 10:07P M	
	4. SOCIAL SECURITY NUMBER 231 36 7759	5. SEX 6	AGE (In yrs. lest bird	thday) IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-13-28		BIRTHPLACE (State or Foreign Country) Va.	
OR	9a. FACILITY NAME (If not Institution, give Veterans Admini		Hospital	9b. C		y Point	EATH		y of DEATH Cil	
DIRECTOR	10a. STATE 10b. COUNT	N/A	10	Was	n on Loca hingt				10d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 3902 14th	Street, N.	. W. #5]	L5	10	20011		10g. CITIZE	N OF WHAT COUNTRY? USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAS	YES 2 NO		If yes, sp		NC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No.— 14	I. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	(Give k	ENT'S USUA find of work do NOT use retire	one during mo od.)	ON st of working	18b. KIND OF BU			
N N	9th 17. FATHER'S NAME (First, Middle, Last)			Painte	r	45 MOTUEDIO NA	ME (First, Middle, Meiden	employ	yea	
	Melvin Baker					Leol		Surneme)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING APPR	ESS (Street a		reet, N. W	yn, Stete, Zio G	edq);==	
٩	Alva L. Baker								010	
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Ren	and the second	20b. PLACE OF I	DISPOSITION	(Name of ce	metery, crematory or	20c. LO		ly or Town, State	
	4 Donation 5 Other (Specify)	noval from State	Quant	-: - N	Nation	al Cemet	ery	riang	le, Va.	
	21. SIGNATURE OF FUNERAL SERVICE L	rshall	- Quarr	100	22. NAME A	ND ADDRESS OF FA	4217 Marshal 4217 9th Washington		uneral Home et, N. W. C. 20011	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Overwhe	o Dn aach lina.	psis	iter the mo	de of dying, suc	h aa cardiac or resp	iratory arres	Approximata Interval Between Onset and Death	
RTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Lidioventricular dysrhythmia due to (or as a consequence of):								
٥	PART II. Other eignificent condition	na contributing to d	eath but not reau	ilting in the	underlyin	g ceuse given in				
I: MEDICA					-		PERFO		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
MA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. P	LACE OF DEATH (Ch	eck only one)			
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆		HER: Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a, DATE OF IN (Month, Day,	Year)	Bb. TIME OF INJURY	4 1 🗆	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCU	RED	
	3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF building, at	INJURY — At home, c. (Specify)	farm, street,	factory, office	ia .	251. LOCATION (Street City or Town, State		r Rural Route Number,	
COMPLE	anal .						to the cause(s) and ma		j. Cause(a) and manner as stated.	
8	29b. SIGNATURE AND TITUL OF CHITCH	to A	Oh			MD - OU	1661-E	29d. DATE :	Signed (Month, Day, Year)	
٩	BRAD K. STODDA	RD, M.D.,	VA Medic	al Cei	nter,	Perry Po	oint, MD	21902		

p2. REGISTRAR'S SIGNATURE

APR 25 90

etc Street Street Street

	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last)	Madeline I	Dorothy	Brown	1	MON	e of DEATH	, 19	YEAR	TIME OF DEATH 0125 M	
-	4. SOCIAL SECURITY NUMBER 218-18-9630		n yra. last birthday) 86 YRS.	MONTHS DAY		HRS. 7. DATE (Mon	E OF BIRTH ith, Day, Year) 30, 1	903	BIRTHPLA Country) Maryl	ACE (State or Foreign	
-	9a. FACILITY NAME (If not institution, give a	treet and number)							Y OF DEAT		
B.	Devine Haven Nur		Elkto	on			Cecil				
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Ceci		y, town on Lo .kton	CATION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO				
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZE		T COUNTRY?		
H.	150 East Main St	reet			21921			U.S	. A .		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS 0	ECENDENT OF I	HISPANIC ORIG	IN? (Specify Yes		A. RACE -	American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, I ES 2 X NO		Ricen, atc.)		Bleck, W Specify:		
BY	3 🔀 Widowed 4 🗌 Divorced					.,,.			.,	White	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of title. Do NOT u	work done during	TION most of working	16	6. KIND OF BUS	INESS/INDUS	STRY		
PL	7		Homem	aker							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER	R'S NAME (First,	Middle, Maiden	Surname)			
		Conrad Ganza	mann			Не	enriett	a Bre	itenb	ach	
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or	Rural Route Nur	nber, City or Town	n, State, Zip C	ode)		
9	Rose Peterson		609	North	Street	E	lkton,	MD	21921		
	20e. METHOD OF DISPOSITION MAY 1X Burtal 2 Cremation 3 Rem	1, 1990 20b.	PLACE OF DISPO	SITION (Name of	cometery, cremate	ory or	20c. LO	CATION - CH	ty or Town,	State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC									nary rana	
	· Nonel	e Hickory		Во	cks How	Stockto	on Stre	ls, P	.A.		
	23. PART I. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	-Brein	u.	node of dying), such aa ca	rdiac Dr reapi	ratory arres	nt,	Approximate interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST B. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	s contributing to death be	ut not resulting	aulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO						PRE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AN	OF MAD CADE DESCRIPTION TO THE LATE.										
O.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEA	isH (Check only	one)				
YS	1 TES 2 NO	1 Inpetient 2 ER/Outpo			ome 6 🗆 Resk						
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. Till	JURY	INJURY AT WORK?		EŞCRIBE HOW I	NJURY OCCU	RED		
B	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State)								e Number,		
COMPLET	onel -	ICIAN: To the best of my knowled: R: On the bests of axamination								ad manner as attack	
8		0	t untiros un estigati	on, in my opinio	i, domin occurso	at the inne, us	ra and place, an				
BE	296. SIGNATURE AND TITLE OF CERTIFIES	Lachde	NS		29c, LICEN	2_	29d. DATE SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WH S.S. Sachdev, M.		ow Stree		Elkton,	MD 2	21921	-			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			•						

permit

٥	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ITAL	RECORD	S, P.C	. BOX	13146,		8	ALTI	MORE	, MA	BALTIMORE, MARYLAND 21203-3146	1D 21	203-3	146
THE HOSPITAL 0	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN: The la	iw requires that I	he death o	ertificate be	executed wit	hin 24 h	ours after	death. P.	age 6 ma	y be retai	ned by the	hospital o	r attendin	g physician.
THE FUNERAL D filed within 72 ho	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ficate has State Deg	been signed by pt. of Health and	the attendi Mental Hy	ng physicia giene prior	n and comple to bunal, cre	rtely filler mation,	I in by the	funeral I.	director, p	age 5 sh	ould be deta	sched for	use as th	e burlal-tran

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF OEATH 90 T-26-19 Burlin 6:40 tdeline 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH BURTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F YRS. 220-30-0955 1897 New Yor FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH tartord ME RESIDENCE OF DECEDENT DIRECT 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY 10a. STATE Port Deposit 1 YES 2 NO Maryland Cecil 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21904 USA 864 Principio Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 ☐ YES 2 📉 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FDRCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 TYES 2 ND Specify: BY 3 X Widowed 4 Divorced White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 7yrs. Private Homes Housekeeper 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Phillip Vito Clementina Vocci BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ဥ Principio Rd., PortDeposit, Md. 21904 Grace E. Burlin pe 20a METHOD OF DISPOSITION
1 ABurlat 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State must ☐ Donatton 5 ☐ Other (Specify) Asbury Cemetery PortDeposit.Md examiner 22. NAME AND ADDRESS OF FACILITY 21 SIGNATURE OF FUNERAL SERVICE LICENSEE P.O.Box 188, Perryville, Md 21903 Lee A. Patterson & Son Funeral Home allan 11 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition_ wee resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST injury, or PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? item 23 shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 ND ng Home 5 - Residence 8 - Other (Specify) marked, or 27. MANNEY OF DEATH 28a. DATE OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES TO NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide MPORTANT: If Item 28 is Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED /M BE

Duns

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Gulia Davidson Randall

OHMH-18 Rev 1/89

10

pace

23

9

31. DATE FILED (Month, Day,

'90

1 - 1

TO BE COMPLETED BY FUNERAL DIRECTOR

		1, 2, 3	
BALTIMORE, MARYLAND 21203-3146	5 hours after death. Page 6 may be retained by the hospital or attending physician.	or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-bransit permit. Pages 1, 2, 3 in the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

505						
6-1-90	-, Par	6494	/ Per	PIL	. 6 0	04

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
3	CERTIFICATE OF DEATH	REG. NO.

187-16-5893 1	REGISTRAR		CENTIFIC	CATE OF DEATH	REG.	NO.			
APTIL 9, 1990 9:36 A SECURITY MANUSERY 1.5E SEC A SAGE PLYS AS PROCESS FLYS AS					2. DATE OF DEAT	TH DAY Y	FAR 3.	TIME OF D	EATH
187-16-5893 □ M 2 □ P 69 YNS SOUTH S	Harol	d Elwood CLEV	ER		April			9:36	A
187-16-5893 TSM # 1DP 69 TRANSMITT NAME FOR A MORNING PART SHAPE OF A	SOCIAL SECURITY NUMBER	5. SEX 6. AG			RS. 7. DATE OF BIRT	H 6.	BIRTHPL	ACE (State o	r Foreign
SECURITY MASE for breakford, poer break and number Sec. CONTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY Sec. COUNTY OF DEATH Se	187-16-5893	1 🔀 M 2 🗆 F 6	9 YRS.	NONTHE DAYS HOURS ME			.,	svlva	nia
No. COUNTY No.	B. FACILITY NAME (If not institution, g	yive street and number)		9b. CITY, TOWN OR LOCATION O		9c. COUNTY	OF DEA	TH CO	11.4
MARTYL AND WASHINGTON Sec. CITY. TOWN ON LOCATION Hagerstown Supering Control S				Hagerstown		Washi	ingto	n	
Maryland Washington Hagerstown 10.2 PROCESS			10c. CITY.	TOWN OR LOCATION			10	d. INSIDE C	YTE
Security Security	Maryland Wa	shington						LIMITS?	
SOS Chestnut Street 19. Wad December Everin N.B. Anneo 19. Wad December 19. No. Decem		SHINGCON	IIa			100 CITIZE		240	
Nove Married 2 Merried 2 Merried 2 Merried 1 Merried 2		treet							
If yes 2\(\tilde{\colored}\) No Specify: If yes, alreward or Dates If yes, alreward If	. MARITAL STATUS						RACE -	- American I	ndlen,
Security Security	☐ Never Married 2 ☑ Merried ☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR				c.)	Specify:		
Truck mfg. PATHER'S NAME (Pist, Michiga, Late) Welder Struck mfg.	15. DECEDENT'S	EDUCATION	16a. DECEDENT'S U	ISUAL OCCUPATION	16b. KIND O	F BUSINESS/INDUS	TRY		_
Truck mfg. FATHER'S NAME (Pint, Middle, Last) HARTY O. Clever Dorothy Lowans 190. MALING ADDRESS (Street and Number or Rural Rouse Name, City or Rown, State, 2p Code) Soft Clever Soft Schestnut St., Hagerstown, Md. 21746 Soft Schestnut St., Hagerstown, Md. 21740 St. Hagerstown, Md. 21740 St. FALLS or Deposition of Clever of Dorothy Lowans St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 St. Faul's Cemetery Soft Schestnut St., Hagerstown, Md. 21740 Approximate Advances or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 22. MAMA AND ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. MALING ADdress or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility Address or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling House or Facility 190. Maling			(Give kind of wo	ork done during most of working retired.)					
MARTHY O. Clever Substitute			welder		truc	k mfg.			
Harry O. Clever Dorothy Lowans	FATHER'S NAME (First, Middle, Last	1)							
Section Sect	Harry O. Cleve	r							
Martha Clever 505 Chestnut St., Hagerstown, Md. 21740		-	19b. MAILING			or Rown, State, Zio Ca	nde)		_
20. PLACE OF DISPOSITION (Name of camelary, crematory or other (part) 20 Crematory or other (pa									
SE UNIT : Commetter 2 Clear Spring, Md. St. Paul's Cemetery Clear Spring, Md.		1.						Diete	-
22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 415 E. Wilson Blvd., Hagerstown, Md. 2174 416 Essess or condition 416 Essess or condition 417 Essess or condition 418 Essess or cond	XBurlel 2 Cremation 3 🗆	Removal from State	other place)	Como toxxx					
MINICH FUNERAL HOME 415 E. WILSON BLVd., Hagerstown, Md. 217 3. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. Liet only one cause on each line. AMEDIATE CAUSE (Finel liseases or conditions) AMEDIAL EXAMINERT OF BRAIN, RT. PARIETO—OCCIPITAL REGION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR			St. raul s			rear Spi	ring	, rid.	
3. PART 1. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Approximate interval Betwoendard	. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- 1						
APART 1. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart feliure. List only one cause on sech line. Approximate interval Betwoendards ehock, or heart feliure. List only one cause on sech line. Approximate interval Betwoendards ehock, or heart feliure. List only one cause on sech line. Approximate interval Betwoendards ehock or heart feliure. List only one cause on sech line. Approximate interval Betwoendards end of the property of the proper	Dega !	I Then	uch	415 E. Wils	on Blvd	Hagersto	wn.	Md.	2174
Part Part	disease or condition equiting in death)	DUE TO (OR A	S A CONSEQUENCE OF)):			ION	SEXE	ERAL.
ARTT II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HORST TO COMPLETION TO COMPLETION TO COMPLETION OF DEATH ARTTERIOSCIEROTIC HEART DISEASE (SEVERAL YEARS ARTTERIOSCIEROTIC HEART DI	sequentielly list conditions.		S A CONSEQUENCE OF):				1	
ARTERIOSCLEROTIC HEART DISEASE (SEVERAL YEARS PROPORTION OF CAUSO OF DEATH YES 2 NO	f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с	S A CONSEQUENCE OF);					
EXAMINER? 1 YES 2X NO HOSPITAL: 1 Inpetient 2X ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 1 Netural 5X Pending Investigation 3 DOA 3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office 29. LOCATION (Street end Number or Rural Route Number, City or Town, State) 98. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as state 99. SIGNATURE AND TITLE OF CERTIFIER D 0 1 0 6 2 April 10, 1990	f any, leeding to immediate cause. Enter UNDERLYING	с	S A CONSEQUENCE OF)):					
1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. DATE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street en	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events seulting in death) LAST	c. DUE TO (OR A)	n but not resulting in	1 the underlying ceuse give	PI	ERFORMED?	A C	MAILABLE PROMPLETION OF DEATH?	OF CAUS
7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. DATE OF INJURY — At home, farm, street, factory, office 29e. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. DATE SIGNED (Month, Day, Year) 28e. DATE SIGNED (Month, Day, Year) 28e. DATE SIGNED (Month, Day, Year) 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events seulting in death) LAST ART II. Other algnificent cond	c. DUE TO (OR A)	n but not resulting in	n the underlying ceuse give)(X)	ERFORMED?	A C	MAILABLE PROMPLETION OF DEATH?	OF CAUS
Netural St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation St. Pending Investigation In	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events seulting in death) LAST ART II. Other algnificent cond ARTERIOSCLEROT.	d ditione contributing to deeth IC HEART DISEA	n but not resulting in	1 the underlying ceuse give AL YEARS 26. PLACE OF DEATH	H (Check only one)	ERFORMED?	A C	MAILABLE PROMPLETION OF DEATH?	OF CAUS
2 Accident 3 Sulcide 4 Honoicide Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, effice Dullding, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28f. LOCATION (Street and Nu	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events seulting in death) LAST ART II. Other algnificent cond ARTERIOSCLEROT. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	d	n but not resulting in	26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside	H (Check only one)	ERFORMED? YES 2 NO	1	MAILABLE PROMPLETION OF DEATH?	OF CAUS
to Certifier (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as state. B. SIGNATURE AND TITLE OF CERTIFIER DO 1062 April 10, 1990	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events reulting in death) LAST ART II. Other algnificent cond ARTERIOSCLEROT WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 WO MANNER OF DEATH 1 Natural 5 Pending	d	Dut not resulting in ASE (SEVER	26. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF 28C. INJURY AT MY 2015	H (Check only one)	ERFORMED? YES 2 NO	1	MAILABLE PROMPLETION OF DEATH?	OF CAUS
(Check only 12 DENTIFYING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. The SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D0 10 6 2 April 10, 1990	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury nat initiated events seulting in death) LAST ART II. Other algnificent cond ARTERIOSCLEROT WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigations	d	n but not resulting in ASE (SEVER butpatient 3 DOA TY 28b. TIME	28. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF WORK? 1 YES 2 NO	H (Check only one) Price 6 Other (Specification of the Check only one) 28d. DESCRIBE (ERFORMED? (ES 2 NO (S) HOW INJURY OCCU	A C C C C C C C C C C C C C C C C C C C	MAILABLE PROMPLETION F DEATH? YES 2	OF CAUS
Schward in Difform D01062 April 10, 1990	any, leeding to immediate huse. Enter UNDERLYING AUSE (Disease or Injury lat initiated events reulting in death) LAST ART II. Other aignificent cond ARTERIOSCLEROT WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident 6 Could no	d	Dutpstient 3 DOA Dutpstient 3 DOA 20b. TIME INJU	28. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF WORK? 1 YES 2 NO	H (Check only one) once 6 Other (Specification (control of the control ORMED? (ES 2 NO (F) (F) (F) (F) (F) (F) (F) (F	A C C C C C C C C C C C C C C C C C C C	MAILABLE PROMPLETION F DEATH? YES 2	OF CAUS	
Schward in Difform D01062 April 10, 1990	any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events seuting in death) LAST ART II. Other algnificent cond ARTERIOSCLEROT S. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigal 3 Suicide 6 Could no determine the Check only 1 CERTIFIER (Check only)	AL HOSPITAL: 1 Inpetient 2X ER/O 28e. DATE OF INJUR (Month, Day, Yee 29e. PLACE OF INJUR building, etc. (S	but not resulting in ASE (SEVER Dutpatient 3 DOA TY) 28b. TIME (NJU) JRY — At home, farm, st	26. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF 26c. INJURY AT WORK? 1 YES 2 No	H (Check only one) Price 6 Other (Specification of City or Fown, and due to the cause(e) er	PREPARATED PROPERTY OF THE PRO	RED	MAILABLE PROMPLETION F DEATH? YES 2	OF CAUS
	ARTERIOSCLEROT S. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2/ YNO 7. MANNER OF DEATH 1 Natural S Pending Investigat 2 Accident 3 Suicide 8 Could no datermine 8e. CERTIFIER (Check only one) 2 MEDICAL EXA	d	but not resulting in ASE (SEVER Dutpatient 3 DOA TY) 28b. TIME (NJU) JRY — At home, farm, st	28. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF 28c. INJUSY AT WORK? M 1 YES 2 No treet, factory, office d at the time, date end place, end	PI (Check only one) once 6 Other (Specific City or Rown, of die to the cause(e) er at the time, date end pla	Y/ Y/ HOW INJURY OCCU Street end Number of State) Indimension as stated ace, and due to the	RED RED	WAILABLE PROMPLETION F DEATH? YES 2	OF CAUS
A CIRTIN DOLY DAVIDING OF CAUSEN WITH CONTRACTOR CAUSE OF DESIGNATION OF THE STATE	f any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond ARTERIOSCLEROT S. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 22 YNO 7. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 3 Sulcide 6 Could not determined to the condition one) 2 MEDICAL EXAMINER 1 CERTIFYING FORE 1 CERTIFYING EXAMINER 1 CERTIFYING EXAM	d	but not resulting in ASE (SEVER Dutpatient 3 DOA TY) 28b. TIME (NJU) JRY — At home, farm, st	26. PLACE OF DEATI OTHER: 4 Nursing Home 5 Reside OF 28c. INJUSTY AT WORK? M 1 YES 2 No treet, factory, office d at the time, date end place, end	PIN (Check only one) IN (Check only one) 28d. DESCRIBE 28f. LOCATION (City or fown, d due to the cause(e) er at the time, date end pla E NUMBER	Y) HOW INJURY OCCU Street and Number or State) Indimension as stated loss, and due to the 29d, DATE:	RED RED RED SIGNED (A	MAILABLE PROMPLETION F DEATH? YES & All Mailable Promplets and manner and ma	ior to of caus
dward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 2174	ARTERIOSCIEROT WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural Suicide A Clertifier 1 Check only one) 1 MEDICAL EXAMINERS 1 CHECK ONLY ONE) MEDICAL EXAMINERS 1 M	AL HOSPITAL: 1 Impelient 2X ER/O 28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR (Month, Day, Yea AMINER: On the beele of examina	but not resulting in ASE (SEVER butpatient 3 DOA TY) 28b. Time (NJ) JRY — At home, farm, st pocify) nowledge, death occurrention end/or investigation	26. PLACE OF DEATH 26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF 26c. INJURY AT WORK? 1 YES 2 No treet, factory, office d at the time, date end place, end on, in my opinion, death occured a	H (Check only one) Price 6 Other (Specification of City or Rown, of due to the cause(e) er at the time, date end place in the time, date and place in the time, date of time, date of the time, date of the time, date of the time, date of the time, date of the time, date of the time, date of the time, date of the time, date of the time, date of time, date of the time, date of time, dat	PREPARATED PROPERTY OF THE PRO	RED RED RURAL ROOM COMMON (S) A SIGNED (A	MAILABLE PROMPLETION F DEATH? YES & And Manual Prompler, and manner Anoth, Day, Y	as state

ñ	0	92 78	60	L
ш	2	\$ 8	6	ľ
	60	5	ĕ	ı
~	3	,E .	9	l
		led .	60	l
	ą.	Tion I	\$	l
_	F	Ta a	40	l
ô	M.	용음	5	l
4	8	E .	8	
2	5	d co	2	ŀ
-	ě	P 2	la la	l
4	4	and a	5	ı
5	0,	130	E	l
n	13	E 0	100	l
-	THE PER	6.0	#	l
	8	春春	9	l
3	-	S To	0	l
	dea	at the	2	ŀ
n	9	X Sp	크	Į
2	#	36	-	ľ
T	The state of	20	E	l
0	92	ant	80	l
C	-	을 곳	3	l
Ш	9	6	4	l
I	3	2 2	63	ı
	50	Del	2	l
4	E	ie e	E	l
	-	Sta	=	l
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IT THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical e	l
_	Sic	9 5	P	ı
0	至	A STA	9	l
-	(3	声后	6	l
	3	Afte	E	l
2	Z	dd to	.00	ı
S	E	5 te	28	l
>	X	S S	E	ŀ
5	0	百百	9	l
have!	A	72	30	l
	PI	ER		I
	8	5 €	A.	l
	H	H 7	E	
	E	Tel	8	l
	P	0 9	E	ı
\equiv	-	-0	-	ı

APR 18 '90

	1 - STATE REGISTRAR	STATE OF MARY		ICATE O			REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	E BRO	wn			2	MONTH C	15	98	3. TIME OF DEATH 7:17 am
	4. SOCIAL SECURITY NUMBER 579–38–1851	5. SEX 6. AG	E (In yrs. last birthday) 61 YRS.	IF UNDER 1 YEAR		ARRA	Month, Day, Year)		8. BIRTHI Country	9-1-28 D.
OR	90. FACILITY NAME (It not institution, give Southren Maryla			96. CITY, TOW Clin	n on location ton	N OF OEAT	н	9c. COUN	G.	АТН
5	RESIDENCE OF DECEDENT		Lan or							
FUNERAL DIRECTOR		.G.		ry, town on Lo emple H						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
J.	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
EH/	4514 Simmons Lane				2074	8		Ţ	J.S.	A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	3 2 XNO	13. WAS (ECENDENT OF epocify Cuban res 2 1 No	HISPANIC Maxican, I Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No	Specif	- American Indian, White, etc. /: lack
COMPLETED	18. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working		16b. KIND OF BUS	INESS/INDL	JSTRY	
APL		1 0011	D.C.	Teacher			Schoo]	Syst	tem	
BE CON	17. FATHER'S NAME (First, Middle, Last) William Brown						(First, Middle, Maiden : Johnson	Surname)		
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	G ADDRESS (Stre	et and Number o	or Rural Rou	te Number, City or Town	, State, Zip	Code)	
2	Debra Brown Clin	kscales	4514	Simmons	LANE,	Templ	e Hills,	Md.	2074	8
	20e. METHOD OF OISPOSITION X Burlel 2 Cremetion 3 Re-	moval from State	other place)	n Mem.				tlan		
	21. BIGHATURY OF FUNERAL SERVICE L	ICENSEE		Mor Mor	YOW &	s of facil Woodf		cal Ho	ome	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Selen DUE TO (OR AS	S A CONSEQUENCE O	Kear	The Di	ren	R			Onset and Deatl
CAL	Hyperterion Denleter melleters antecedent 1 YES 2 PHO 0									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	. PLACE OF DE	ATH (Check	only one)			
PHYSICIAN: MED	1 K YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 E ER/O 28a. DATE OF INJUR (Month, Day, Year	Y 28b. T/I	ME OF 28c.	INJURY AT WORK?	2	Other (Specify)	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU	IRY — At home, farm,		YES 2	_	81. LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
COMPLET	anal and	SICIAN: To the best of my kn								and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFICATION	e MB			29c. LICE	r / 80	ER	29d. DATE	SIGNED	(Month, Day, Year) 2 15, 1990
_	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ 50/ Sc	e, Print) CRRAT	75	RR	41050	ChNT	od,	15, 1990 Ud 20735
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	MATURE AMARIL							

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 To the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physician	BALTIMORE, MARYLAND 21203-3146 us after death. Page 6 may be retained by the hospital or attending physici
TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	of in by the funeral director, page 5 should be detached for use as the burial-tro or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

ľ	ALICE	CLEMON	es	Alice	C1emon	s	2. DATE OF DEATH	DAY/7	SEAR S	3. TIME OF DEATH 2 23 PM	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign	
	232 58 1795	1 M 2 XF	88	YRS. MOI	ITHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 11		Wes	t Virginia	
	9a. FACILITY NAME (If not institution, give stre				CITY, TOWN	R LOCATION OF DE	ATH	9c. COU	NTY OF DE		
S S	Prince George's G	eneral Ho	spital		Cheve	rly Mary	land	Pri	nce G	eorge's	
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CITY, TO	OWN OR LOCAT	ION			T	10d. INSIDE CITY	
FUNERAL DIRECTOR		George's		Hyatt	sville					LIMITS?	
KA	100. STREET AND NUMBER 5618 Emerson Stre				101	. ZIP CODE		1.5		HAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EV	FO IN II C AD	MED	12 WAS DEC	20781	IC ORIGIN? (Specify			tates - American Indian,	
	1 Never Married 2 Married	FORCES? 1 T	YES 2	10	If yea, sp		n, Puerto Rican, atc.)	TOD OF NO	Black, Specify	White, atc.	
B	3 Widowed 4 Divorced			No		I A GOVERN	No			hite	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S USU ive kind of work Do NOT use re	JAL OCCUPATION	ON at of working	18b. KIND OF	BUSINESS/INC	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
M	17. FATHER'S NAME (First, Middle, Leet)			Homema	ker	40 MOTUEDIO NA	ME (First, Middle, Maid	m Home	е		
	George F. Clemons						ie Hanna	en Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street a		Route Number, City or	Town, State, Zig	o Code)		
2	Bob Shetterly			1304	Palm L	ane Bowie	Marylan	d 20	716		
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Remo	and from State	20b. PLACE other pla	OF DISPOSITIO		netery, crematory or		LOCATION —		m, State	
	4 Donation 5 Other (Specify)			t Linc			Br	entwo	od Ma	ryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	0			D ADDRESS OF FAC	Funeral	Uoma	T) A		
	Robert E.	Evana.	()	les.						vland 20715	
ATION	23. PART I. Enter the diseases, or complete the control of the con	LEMP TO (OR	AS A CONSE	1 A DUENCE OF):	antar tro me	ue or trying, auci	v wa Calulac Of 19	арическу ап	i wait,	Approximate Interval Between Onset and Daeth	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDING:										
: MEDICAL	PART II. Other eignificent conditions JEN/UL DEN WR PUM	reaulting in t	he undarlyin	g cause given in	PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Check only one)						
		HOSPITAL: 1 ☐ Inpatient 2 ☐ ER	/Outpatient 3		THER: Nursing Hon	e 5 🗆 Residenca	6 Other (Specify)				
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a, OATE OF INJ (Month, Day, Y		28b. TIME O	W	URY AT PRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN building, stc.	JURY — At he (Specify)	eme, farm, stree			28f. LOCATION (Str. City or Town, St	et and Numbe ate)	or Or Rumil Ro	oute Number,	
COMPLETED	one)	SIAN: To the bast of my								and manner as stated.	
BE	29b. SIGNATURE AND ZITLE OF CENTIFIES	1//				29c. LICENSE NUN	ABER ZHO	29d. DAT	E SIONED	(Mohth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITE	M 27) (Type, Pri	mem i	ay Or L	V (see	sell	- Me	020770	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	4	Total Street				,, ,, ,,			
	VAN 53 AII	Filia Davids	on-Rand	مالان						DHMH-16 Rev 1/89	

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning permit. Pages 1, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

2. DATE OF DEATH
MONTH
MONTH
MONTH

REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH		VEAR	3. TIME OF DEATH
		Conni	le T.	Conte						Apri	1 17,	1990	YEAR	8:45 A. M
- 1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNOER			R 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
	125-09-8820		1 🗆 M 2 💢 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Augu	ist 2,	1920	Ne	w York
1	90. FACILITY NAME (If not in:		treet end number)			9b. CITY	TOWN	OR LOCAT	ION OF DE				NTY OF DE	EATH
TOR	5714 Arapa	hoe Dr				0x	on l	Hi11				Prin	ice G	eorge's
8	RESIDENCE OF DEC	10b. COUNTY	Y		10c. CITY	r_TOWN C	R LOCA	TION						10d. INSIDE CITY
BY FUNERAL DIRE		Princ	e George	e's		Oxon	Hi.	11						1 TYES 2 NO
¥	10e. STREET AND NUMBER						10	f. ZIP COD	Œ			239		HAT COUNTRY?
9	5714 Arap	ahoe I						207	10				J.S.A	
2	11. MARITAL STATUS 1 Never Married 2 X	Merried	FORCES?	T EVER IN U.S. AR			t yes, sp	ecify Cub	en, Mexice	n, Puerto	i? (Specify Yes Rican, atc.)	or No—	Black	— American Indian, , White, atc.
à	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			YES	2 💢 NO	Specif	y:			Specif	% White
		EDENT'S EDU		18e. DE	CEDENT'S	USUAL O	CCUPATI	ON		186	. KIND OF BUS	SINESS/INI	DUSTRY	
E	(Specify only Elementery/Secondary (0	y highest grade	College (1-4 or 5	ille.	Do NOT us	e retired.)	_		ing	D	0 0-		C . 1	-1 D1
AP	12				Cafet	eria	WO:	rker		P	G. COI	ınty	Scho	ol Board
COMPLETED	17. FATHER'S NAME (First, M Justine		scino					18. MOT	THER'S NA	ME (First,	Middle, Maiden DiRobe	Sumame) erto		
BE	19e, INFORMANT'S NAME (7)	Vpe/Print)		19	b. MAILING	ADDRESS	(Street	and Numbe	er or Burni	Boute Num	ber, City or Tow	n State Zi	in Code)	
2	Anthony G.		Sr								Hill, 1			
ì	200, METHOD OF DISPOSITI	ION	-11	20b, PLACE	OF DISPOS					AOII I	_		Cify or To	
	1 Donetion 5 Other		oval trom State	Mary Mary	aco) land	Vete	ran	s Cer	meter	rv	Che	Itenh	nam.	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSES /			22.	NAME A	ND ADDR	ESS OF EA	CILITY	Funera	1 H)mo	
	* Hear	all	y Kal	es				0						Maryland
	23. PART I. Enter the di		complications the			not enter	the me	ode of dy	ying, auc	h aa can	diac or reap	ratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Fir		Liet only one co	000 017 00011 11110	**									Onset and Death
	diseese or condition resulting in death)	→	a. Super	in- V	ena	Ca	Vu	5.1	ndr	eme				days
	(0)(0)													
N	Sequentially list conditi	lons.	b. Metu J OUE TO	jutic	Ado	10 C	4-0	nun	9 (0/4	2			
ATIO	If eny, leeding to imme- cause. Enter UNDERLY	01010	00E 10	OH AS A CONSE	OUENCE OF	r):								
FIC	CAUSE (Disease or inju		C. DUE TO	O (OR AS A CONSE	OUENCE OF	F):								
Ē	reaulting in death) LAS	Т												
MEDICAL CERTIFICATION	d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS													
ÄL	PERFORMED? AVAILABLE PRIOR									AVAILABLE PRIOR TO				
8											1 TYES	ON K		OF DEATH?
ME											1 YES 2 NO			
ž														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		_ 1	OTHE	R:	2	DEATH (C/					
ΙΥS	1 TYES 2 AND		1 Inpatient 2	ER/Outpatient 3	28b. TIM			ne 5 127 JURY AT	Residence	·	SCRIBE HOW	WHEN O	CHBED	
	. /	Pending		Day, Year)	INJ	JURY M	W	ORK?	□ NO	200. DE	SONIBE HOW	NOON! OC	DOUNED	
À	2 Accident	Investigation	28e, PLACE	OF INJURY — At he	ome, farm.	street, fac				281, 1.01	ATION (Street	and Numbe	er or Rucel F	Soute Number
9	3 Suicide 8 A	Could not be determined		i, etc. (Specify)			,				or Town, State,			
	29a. CERTIFIER	TIEVING BUYO	IOLANI. To about one											
COMPLETED	one)		ER: On the best of											s) end manner ee stated.
	29b. SIGNATURE AND TITLE								CENSE NU	13 040 1000		_		OWENO DES PERSENTE
BE	296. SIGNATURE AND THE	DW/2	2					ZNC. LN		20	1	290. UA	4/ /	(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WH	ID COMPLETED CAN	USE OF DEATH (ITE	M 27) (Type	, Print)		17		~ ~			/ / /	7/1
	L	VIHA	NMO	60.	, A.	w (A	1.1	10	5+	5	1+	nd	2./	205
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE	, ,0	, 01	v 0 1		1	100	11,/	- (0)	/	
	APR 20 '91	0	Julia Dav	AR'S SIGNATURE	مالالم									
			11					7						

LE OF THE

		1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.C. BOX 13149,	THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF					/ENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	-							E OF DEATH		WEAR	3. TIME OF DEATH
	Dorothy E	• Cox					_	MON Δ 10.1	ril 18		YEAR QQA	3:41 pM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER		IF UNDER		7. DATI	E OF BIRTH oth, Day, Year)	1		PLACE (State or Foreign
	577-60-1100	1 🗆 M 2 🛂 F	85 YRS.	MONTHS	DAYS	HOURS	MIN.			1904	Mary	,,
R	94 FACILITY NAME (If not institution, give a			9b. CITY,	TOWN O	R LOCATIO	ON OF DE			9c. COU	NTY OF O	EATH
8	Southern MD F	Hospital (Center	Cl	int	on				Pri	nce	George's
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		I 40. 00	Y, TOWN O		1011						10d. INSIDE CITY
DIRECTOR		ce George's		Clint		ION						LIMITS?
1 1	10e. STREET AND NUMBER					ZIP CODE				10- 017	TIZEN OF Y	1 YES 2 NO WHAT COUNTRY?
RA	8600 Mike Shar	oiro Drive			101.		735				J.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ED IN II S ADMED	12 1	MAS DEC	ENDENT O	E HISDAN	IC OBIG	IN? (Specify Yes	L		— American Indian,
	1XXNever Married 2 Married	FORCES? 1 1	YES 2 NO	H	yes, spe		n, Mexican	, Puerto	Rican, atc.)	0 110-	Black	k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR C	OR DATES	Ι,	∐ YES	2 (2) NO	<i>Specify</i> .				Speci	ny: WILL CC
유	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N at ad uppetrie		16	Bb. KINO OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT u	se retired.)	unig mo	St OF WORKE	v		_			
P P	2		Audito	or					Fede:	ral (Gover	nment
8	17. FATHER'S NAME (First, Middle, Last)	0				115			, Middle, Maiden			
BE	Charles H.	Cox							Spale			
2	19a. INFORMANT'S NAME (Type/Print)	1							mber, City or Tow			141 00004
-	Kathleen Eschbac	ner						•#2				g, Md.20906
	20at METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	noval from Stata	20b. PLACE OF OISPO	SITION (Nar	me of cen	netery, crem	natory or		20c. LO		- City or To	
	4 Donation 5 Other (Specify)	0.0	St. Josep									yland
	21. SIGNATURE OF FUNERAL SERVICE LA	V.I	1						Funera			
	Hearger	Malle	2	- '	6160	0x0	n Hi	.11	Rd. Ox	on Hi	i11,	Md.
	23. PART i. Enter the diseases, or			not anter	the mo	de of dy	ing, suct	n as ce	ordisc or resp	iratory s	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel										Onset and Dasth	
	disesae or condition resulting in death)	8.	PNEJME	NIA								5 DAYS
		OUE TO (OR	AS A CONSEQUENCE C				N ,					
3	Sequentially list conditions,	b	INTENSTAI			LU	NO		DISEA	75		MONTHS
CERTIFICATION	if any, lesding to immediate ceuse. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE O	MF):								
[[CAUSE (Disease or injury	C. OUE TO (OR	AS A CONSEQUENCE O	OF):		_						
Ē	that initiated events resulting in death) LAST			,								
핑		d										
SAL SAL	PART ii. Other significant condition	na contributing to dae	oth but not resulting	in the un	darlying	g cause	given in	Part i.	24a. WAS AN		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 TYES	M NO		COMPLETION DF CAUSE OF DEATH?
WEI												1 YES 2 NO
ä												
PHYSICIAN: MEDI	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF D	EATH (Che	eck only	one)			
1ST	1 NES 2 NO	1 5 Inpatient 2 - ER	/Outpatient 3 DOA			6 5 🗆 R	esidence	8 🗆 Ot	her (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y		WE OF		PIK?		28d. 0	EŞCRIBE HOW	INJURY O	CCUREO	
B√	1 Natural 5 Pending 2 Accident Investigation			M		YES 2] NO					
	3 Suicide 6 Could not be	28a. PLACE OF IN. building, etc.	JURY — Al home, farm, (Specify)	street, fact	ory, offic	•			OCATION (Street ty or Town, State		er or Rural	Route Number,
E												
길	TOTAL OTHY	SICIAN: To the best of my										
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the beels of axami	nation and/or investigati	ion, in my o	pinion, d	leath occu	red at the	time, de	sta and place, a	nd due to	the cause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	iR .				29c. LIC	ENSE NUN	ABER	110	29d, DA	TE SIGNE	(Month, Day, Year)
TO B	////	- 6	n	MO		D	-18	55 '	75		4/1	8/70
F	30. NAME AND ADDRESS OF PERSON WI											
	Philip Wisots	ky, M.D.,	6188 Ox	on I	Hil:	l Rd	., (0xo	n Hil	1, 1	1D 2	0745
	31. DATE FILES POPUL. 2010 Part 90	32. REGISTRAR'S	SIGNATURE Pands	02								
		0		_								

805-1-6

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	#		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for uss be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	88		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	nS		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	Š		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	hed		
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or	tac		90
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at	9		0
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoult be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	A P		9
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.	130		ě
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page & be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be n	S		=
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pai be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b	96		=
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal, IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mus	ba		9
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m	tor,		5
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or titem 23 shows any Injury, or other traumatic event, the medical examine	ile ile		-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuner be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam	Te.		2
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex	9		am
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or remov IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical	le fi	al.	ě
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medi	y th	MOV.	Ea
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the m	la tr	Le	등
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	8	0	E
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crems IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,	y fil	ntion	the
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and comp be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic eve	letel	eme	a,
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	g.	2	Š
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumat	200	una	3
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior t IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traus	8	0	mal
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pri IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tr	cian	90	ē
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending plibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	lySi	bd	7
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendin be filed within 72 hours after death with the State Dept. of Health and Mental Hyg IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or o	0	ene	\$
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter be fled within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	dig	H	0
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be flied within 72 hours after death with the State Dept. of Health and Men IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury	the	tal	9
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and I IMPORTANT: If Item 28 is marked, or Item 23 shows any In	Je S	Men	3
TO THE FUNERAL DIRECTOR: After this certificate has been signed to filed within 72 hours after death with the State Dept. of Heath at IMPORTANT: If Item 28 is marked, or Item 23 shows any	N N	b	=
TO THE FUNERAL DIRECTOR: After this certificate has been sign be flied within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 is marked, or Item 23 shows	ed 1	th a	E
TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of I IMPORTANT: If Item 28 is marked, or Item 23 sho	Sign	feal	8
TO THE FUNERAL DIRECTOR: After this certificate has be tiled within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or them 23:	eeu	6	sho
TO THE FUNERAL DIRECTOR: After this certificate he be filed within 72 hours after death with the State C IMPORTANT: If Item 28 is marked, or Item	as b	lept.	23
TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the St. IMPORTANT: If Item 28 is marked, or It.	te h	ate [E
TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, o	ifica	St	2 10
TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with IMPORTANT: If Item 28 is marked	50	å	
TO THE FUNERAL DIRECTOR; After to be filed within 72 hours after death IMPORTANT: If Nem 28 is mark	his	ŧ	9
TO THE FUNERAL DIRECTOR; After the filed within 72 hours after des IMPORTANT: If Item 28 is in	20	£	nar
TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	A	dea	12
TO THE FUNERAL DIRECT be filed within 72 hours as IMPORTANT: If Item 2.	OR:	fter	00
TO THE FUNERAL DIR be filed within 72 hour IMPORTANT: If Item	EC	S	1 2
TO THE FUNERAL be filed within 72 IMPORTANT: If	DIR	Por	ten
TO THE FUNES be filed within IMPORTANT:	M	2	-
TO THE FU be filed wit IMPORTA	NEF	this	Ä
TO THE be fled	B	W	M
2 2 2	里	fled	ò
	2	9	Ξ

	FOR STATE OF MARYLAND / D 1 - STATE REGISTRAR CEF	EPARTME			CLAIM SALE	NTAL HYG		90	12031
	I. Sabella W. Childs				2.	DATE OF DEAT		9. 1	1:43
R.	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F 9a. FACILITY NAME (If not Institution, give street and number)	YRS. MONTH			MIN.	DATE OF BIRTY (Month, Day, Ye	H 0.	BIRTHPLA Country)	CE (State or Foreign
AL DIRECTOR	100. STREET AND NUMBER	10c. CITY, TOW	N OR LOCAT	ION		-	10g. CITIZEI	1 [. INSIDE CITY LIMITS? YES 2 NO COUNTRY?
TED BY FUNERAL	(Specify only highest grade completed) (Give	OENT'S USUAL	If yes, sp. 1 YES OCCUPATION	ENDENT OF ecify Cuban 2 NO	Specify:	rerto Rican, et		Black, Wi Specify:	American Indien, lita, etc.
COMPLETED	College (1-4 or 5+) 2.	ostal		_			Gove	rnme	nt
B	17. FATHER'S NAME (First, Middle, Lest) Henry Woodward 196. INFORMANT'S NAME (Type/Frint) 19b. INFORMANT'S NAME (Type/Frint)	MAILING ADDR	ESS (Street a	Sal	lly B	arbei	eiden Surname) or Town, State, Zip Co	ocie)	
ОТ	Margaret Docherty 20. METHOD OF DISPOSITION 1XI Burlel 2 Cremation 3 Removal from State other place	1040 (Cecil (Name of cer Moria 22. NAME AP Faylo	Avenue Av	e., M Demet nurch soffacilit unera	ery 20	rsville c. LOCATION — CH Miller apel	, MD y or Town, svil	State
	23. PART I. Enter the diseases, or complications that caused the deal shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSECU	PACE OF	mo la	de of dyln	ng, auch as				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	ENCE OF):	ilur	e					
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions contributing to death but not real Left from tol cerebral hemotory	uiting in the	underfyin	g cause gl	iven in Par	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	AM CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		EA:		EATH (Check of	only one) Other (Specific	v)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 280. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	IURY AT DRK? YES 2	26		HOW INJURY OCCU	RED	
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street,	factory, offic		26	City or Town,	Street and Number or State)	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the basic of axamination and/or inv								d menner ee stated.
TO BE C	295. SIGNATURE AND TITLE OF CERTIFIER M. M. SSC. (2) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM:	27) (Type, Print))		301				onth, Day, Year)

2725 WADHINGTON

Russell

M.O.

32. REGISTRAR'S SIGNATURE

William

MO 21230

BALT

1995 2 3 1990 Jack Transmission

The state of the s

는 물리의 기계 취급

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the tuneral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								15838		
00	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARY LU	000	D Em			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
		COO		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	<u>2</u> 1	0 5 - / "		
	247-12-0768	M 2 K 72	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 23, J	1918	SHRTHPLACE (State or Foreign Country)South Carolina		
1	Annapolis Conval	·			POLIS	ATH	9c. COUNTY	e Arundel		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	CBCCHO GC		OWN OR LOCATI			24111	10d, INSIDE CITY		
DIRECTOR		e Georges	-17	er Mar				LIMITS?		
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1077 Largo Road				20772		U.			
BY FU	1 Never Married 2 Married	WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: hite		
ED	15. DECEDENT'S EDUCATIO	ON .	IGA. DECEDENT'S US			16b, KIND OF BU				
u l		ollege (1-4 or 5+)	(Give kind of work life. Do NOT use re		t of working					
COMPL	12		Homema	aker		Hon				
2	17. FATHER'S NAME (First, Middle, Lest) Carl Hoffman					ME (First, Middle, Meiden Jandaker	Surname)			
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street as		Toute Number, City or Tow	n, State, Zip Coo	le)		
-	Sherril Lang		56 Ly	ons C	reek, I	othian.	MD 20	711		
	20a, METHOD OF DISPOSITION 1 Duriel 2 Cormetton 3 Demoval	from State 20b.	LACK OF DISPOSITION (Mace)				CATION — City			
	4 Departion 5 Other (Specify)	x / W	etropoli	tan Cr	ematory	Ale	xandr	ia, VA		
	Jana Dal &	I to				eral Chap				
\dashv	23. PART I. Enter the diseeses, or comp	lications that caused	the death. Do not					lis.MD 21401		
	shock, or heert fellure. List IMMEDIATE CAUSE (Finel	only one cause on each	ch iine.		,,,,			Interval Between Onset and Death		
	disease or condition resulting in death)	Brain	Anoxi	4						
		DUE TO (OR AS A (The second second second	4	4 1-					
5	Sequentially list conditions, b.	DUE TO (OR AS A	Kerpuz Consequence of:	104	Mie.	7 1				
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Deste	t Card	cony	opatt	ly				
ا ا	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):		V					
	d	Hy purte	ш_					<u> </u>		
ī. I	PART ii. Other significent conditions co	B	01		cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL	Osteoperos	2 c ML	ilt. Con	grees	- /	1 TYES	NO NO	COMPLETION OF CAUSE OF DEATH?		
	- 73CVD/16	tement	ca			-		1 TYES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)				
3		OSPITAL: Inpetient 2 ER/Outpet	tierit 3 🗆 DOA 4	THER:	5 Residence	8 ☐ Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH 1. Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	286. TIME C	Y WO	RK?	28d. DESCRIBE HOW INJURY OCCURED				
à	2 Accident Investigation	28e. PLACE OF INJURY -	- At home, farm, stre		res 2 NO	28f. LOCATION (Street	and Number or i	Rural Route Number,		
ED	3 Suicide S Could not be determined	building, atc. (Specif	(v)	•-		City or Town, State)			
COMPLEI	29a. CERTIFIER CERTIFYING PHYSICIAN	: To the best of my knowle	dge, death occurred a	at the time, date	and place, and due	to the cause(s) and ma	nner as stated.			
Š S	one) 2 MEDICAL EXAMINER: O	n the basis of axamination	and/or investigation,	in my opinion, d	eath occured at the	time, date and place, as	nd due to the c	suse(s) and manner as steted.		
BE	29b, SIGNATURE AND TITLE OF GERTIFIER	e 1.	D		29c. LICENSE NUI		29d. DATE SI	GNID (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPI ETED CAUSE OF DEA	TH (ITEM 27) (See A		D319	77	7	123/70		
		MPLETED CAUSE OF DEA		give	Amapa.	us. mg	2140	<i>f</i> /		

APR 2 3 1990 file Devices Sie Strates Sie

- Red and the second se

ज ल	10c		
ospi	ched		eš.
the h	deta		OUC
d by	ed b		d at
staine	shou		all lie
De 1	96		DE 100
may	oc. ps		ust
age 6	direct		E
ET. P.	neral		min
er dea	he fu	9	l exa
s aft	10	шешо	dica
Non	lled in	0,	B Me
in 24	ely fi	natioi	£ ,
d with	mplet	Crer	even
ecute	nd co	DUNG	atic
be ex	lan a	0, 10	MINE
cate	physic	le pu	er tr
certif	ding	1ygie	r oth
death	after	erital	7, 0
the the	by the	DQ M	三
s tha	med	attu a	any
equire	on sig	JE HE	hows
JAM LI	s per	ept.	23 8
The	ate ha	ate D	E
CIAN	ortific	the Si	-
HYS	his co	WITH	ked,
NG P	ther t	eath	mar
ENDI	DR: A	ter d	.00
R AT	RECT	ors a	1 2 m
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Merical hyglene prior to bunal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPI	UNER	thin	INT:
HE H	光	led w	ORT
10	70	De fi	M

												91	1283	39
	FOR STATE REGISTRAR	STATE OF N	IARYLA	ND / DEPA CERTI	RTMEN FICAT	T OF H	EALTH DEAT	AND I	MENTA	L HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			£					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	ROSE	Μ.			CAI	HOUN			4	21		90	6:39	PM
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday	/	ER t YEAR	IF UNDER		7. DATE	OF BIRTH h, Day, Year)		B. BIRT	HPLACE (State or Foreignstry)	gn
\	217-72-6283	1 🗆 M 2 😾 E	31	YRS.	MONTHS	DAYS	HOURS	MIN.		17 1	958	D.		
,	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CI1	Y, TOWN O	R LOCATION	ON OF DE	ATH		9c. COU	NTY OF	DEATH	
	University Hospi	ital (S.	(.U.)			Balt	imor	e						
DIRECTOR	RESIDENCE OF DECEDENT			1000									T to the last and	
	10a. STATE 10b. COUNTY			10c. C	ITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	MARYLAND ANNE 100. STREET AND NUMBER	ARUNDEL		ANN	APOL						T		1 YES 2 NO	,
FUNERAL	104. STHEET AND NUMBER					300	ZIP CODE	E			10g. CI1		WHAT COUNTRY?	
N N	221 CROLL DRIVE	12. WAS DECEDEN			1		401			1? (Specify Ye			S.A.	
교	1 Never Married 2 Married	FORCES? 1	YES	2 XX	13	If yes, spe	ecify Cuba	n, Mexica	n, Puerto	Rican, etc.)	s or No—		CE — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DAT	TES		1 TYES	MX NO	Specify	y:			Spe	BLACK	
	15. OECEOENT'S EOUC	CATION		16a. DECEDENT	'S USUAL	OCCUPATIO)N		166	. KIND OF BU	SINESS/IN	DUSTRY	22	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	,	(Give kind o	of work done use retired	e during mo	st of working	ng	ı	J.S. N.	AVAT.		1 7	
7	Cidital production y (o 12)		<u> </u>	KITCHE	N EM	PLOYE	E		. `	ACAD				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maider				
_	CLIFTON T. CALHOU	N					RUT	H V.	SIM	MS				
BE C	19a. INFORMANT'S NAME (Type/Print)			19b. MAILI	NG ADDRE	SS (Street a	nd Number	or Rural	Route Num	ber, City or Tov	vn, State, Zi	p Code)		
유	VIVIAN JOYCE			9 C	MARC	s cot	JRT A	NNAI	OLIS	s, MD.	214	101		
	20a. METHOD OF DISPOSITION 1 Spurial 2 Cremation 3 Ramo	nuni danan State		PLACE OF DISF other place)	OSITION (Name of cen	netery, crer	natory or		20c. LC	CATION -	City or	Town, Stata	
	4 Donation 5 Other (Specify)	oval from State	HII	LL CRES	T CE	METER	RΥ						MARYLAND	
1 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22	2. NAME AN	ID ADDRE	SS OF FA	CILITY	821 W	EST S	3T21	ANNAPOLIS,	, MI
	Lavy	y. Ree	20			WILLI	AM F	REESI	E & S	SONS M	ORTU	RY,	P.A.	
	23. PART I. Enter the diseases, or c ehock, or heert fellure.				not ent	er the mo	de of dy	ing, suc	h ae car	diac or reap	iratory ar	rest,	Approximate interval Bets	
	IMMEDIATE CAUSE (Final	and only one out											Onset and D	
	diseese or condition resulting in deeth)			injur										
		DUE TO	(OR AS A	CONSEQUENCE	OF):									
Z	Sequentially list conditions,										_			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OH AS A	CONSEQUENCE	OF):									
I I	CAUSE (Disease or Injury	c. DUE TO	(OR AS A	CONSEQUENCE	OFI:									
Ē	resulting in death) LAST		(.,									
핑		d												
A	PART II. Other aignificant condition	a contributing to	deeth bu	it not resultin	g in the	underlyin	g cause	given in	Part i.	24s. WAS A	N AUTOPSY	24	4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO	
음										1 X) YES	2 🗌 NO		OF DEATH?	JSE
W													1 X YES 2 - NO	,
z														
\frac{4}{5}	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отн		LACE OF E	DEATH (C	neck only o	ne)				
S	1 X YES 2 NO	1 Inputient 2)	ER/Outpa	ntient 3 🗆 DO/	4 🗆 N	lursing Horr	10 5 □ R	esidence	a 🗆 Oth	er (Specify)				
PHYSICIAN: MEDICAL	27, MANNER OF DEATH	26a. DATE Of (Month, I	Day, Year)	28b.	TIME OF	WC	URY AT ORK?			SCRIBE HOW				,
₽	1 Natural 5 Pending 2 Accident Investigation	4-21-			11p M		YES 2	NO NO					st control	
	3 Suicide a Could not be		of INJURY	— At home, fam	n, street, f	actory, offic			Ony	or lown, stere	"/		ack vehicl	
COMPLETED				ro	ad				Rt.	450 (E	i) at	97	overpass,	_
필	29a. CERTIFIER 1 CERTIFYING PHYSI												A.A. Co	
ŏ.	2 X MEDICAL EXAMINE	R: On the basis of a	xamination	and/or investig	ation, in m	y opinion, d	death occu	red at the	time, det	e and place, a	ind due to	the cause	e(a) and manner as stat	led.
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	1 11/					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNI	ED (Month, Day, Year)	
0	Williamo (1	no Un	11					OCN	Æ		•	4-2	2-90	

111 Penn Street

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Margarita A. Korell, M.D.

31. DATE FILED (Morth, Day, Year)

APR 2 5 1990 Suha Sundan Pro

DHMH-t8 Rev 1/89

Baltimore, MD 21201

gerral of

magazalada erezile

	5		Z	5	5	4	1		Ę	Ď	7.	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	K	1314	ń
TAL	OR	ATTEND	NG	PHYSICI	AN:	The	MP	requires	that	the	death	YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	2	executed	Wit
	0		4	-		-	-	and a second	4	a de	adda m		-	and as me	-

	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF					MENTAL	HYGIEN REG. NO.	E		1 6 0 9 0
		NNOLL							2. DATE O	O/	3	90	3. TIME OF GEATH A
	4. SOCIAL SECURITY NUMBER 507-10-7186 90. FACILITY NAME (If not institution, give st	5. SEX 1 X M 2 F	8. AGE (In yrs. la 69	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	P BIRTH Day, Year)			North
CTOR	Anne Arundel M		Center				apo]						rundel
DIRE	Maryland Ann 10e. STREET AND NUMBER	e Arund	el	10c. CIT	Edg	ewa							10d. INSIDE CITY LIMITS? 1 YES 2 K NO
FUNERAL DIRECTOR	1139 Shore D	12. WAS DECEDEN	T EVER IN U.S. AI	RMEO		WAS DEC	21(37 OF HISPAN		(Specify Yes	ľ	I.S.A	AT COUNTRY? — American Indien,
Β¥	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE V	II			1 TYES	2 K NO	en, Mexice Specify				Specify Whi	
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)) ((ECECENT'S Give kind of a. Do NOT u	work done se retired.)	during mo	est of worki			arpe			
BE COM	17. FATHER'S NAME (First, Middle, Last) Louis J. Connol	ly	1 50	V.LIII		ante	18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
TOB	19e. INFORMANT'S NAME (Type/Print) Rose Connolly		4	1139	Sh	ore	Dri	ve.	Edg		er,	MD 2	21037
	20e. METHOO OF DISPOSITION 1	0	20b. PLACE	(mean)	lita	n C	rema	ator	y	Al	exan	city or Tow	, VA
	Jonald X	. Juj	In		1	47	Glou	ıces	ter		Anna		21401 s,MD
	23. PART I. Enter the diseees, or ehock, or heert fellure. IMMEDIATE CAUSE (Final disees or condition	List only/one cer	iee on each lin	0.							-		Approximata Interval Between Onset and Death
z	resulting in death)	o. Cler OUE TO b. E leg	OR AS A CONSE	OUENCE (OF):	hop	ele.	ech	D				-
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	OR AS A CONSE	EQUENCE (OF):	0,							
CERTIF	that initiated events resulting in death) LAST	d	(OH AS A CONSE	OUENCE)+): 								
: MEDICAL	PART II. Other significent condition	e contributing to		resulting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 TYES	RMEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			eck only one	-			
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. BATE Of (Month, L	Day, Year)		JURY M	1 🗆	JURY AT ORK? YE\$ 2	□ NO	28d. OE\$	CRIBE HOW	INJURY OC	CUREO	
ED	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	ctory, offic	:0		28t. LOCA	TION (Street or Town, State	end Numbe	er or Rumil Re	oute Number,
COMPLET	one) 2 MEOICAL EXAMINE	4											and manner se stated.
TO BE (296. SIGNATURE AND TITLE OF BERTIFIE	in		PM AT (T	-10/		29c, LR	23	MBER 147		29d. DA	# 2	(Month, Day, Year)
	RESUL NAME AND ADDRESS OF PERION WE	IU COMPLETEO CAU	SE OF OFATH (IT	EW 27) (TVD	e Print	h.						F 4	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

57

ANNOFACUS,

DHMH-16 Rev 1/89



31. OATE FILEO (Month, Dey, Year)
APR 2 5 1990

•

AND 21203-3146

BALTIMORE

į	5	ä	a
į		-	を
	Ŧ		mus
	ē		ě
	After this certificate has been signed by the attending physician and completely filled in by the funeral directors.		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be a
		ON SE	100
	à	rem	à
	P i	0	E
•	file	lon,	he
	tely	mat	1
	Пре	Cre	Ven
	3	rial	9
	and	3	Jati
	an	r 10	Ti Di
	Sic	prig	5
	튭	ne	he
	Buil	Š	10
	lend	I	Ö
	18	emt	Ę
	#	N P	Ē
	D D	an an	2
	g	Satt	60
	S	ž	30
	pee	1.0	150
	has	Dep	23
	hcate	State	Hem
	ine.	the	0
	this c	With	rked
	After	death	S ma

	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND I	MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Velma Cassidy							2. DATE	OF DEATH	3 9	CAR	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 412-07-5352	1 🗆 M 2 🔀 F	AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	2 Mont	OF BIRTH	M	Country)	SSippi
TOR	9a. FACILITY NAME (If not institution, give : Calvert House RESIDENCE OF DECEDENT	treet and number)					Frederic		9	ec. COUNTY Cal	of DEAT	TH .
DIRECTOR	Maryland Calve			Por		Pub.					1	d. INSIDE CITY LIMITS?
FUNERAL	131 Aspen Road							676		USA		T COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 TH	MED IO		If yes, sp	ENDENT OF HISPAI scily Cuban, Maxica 2 NO Specif	n, Puerto		s or No 14.	Bleck, W	American Indian, Mila, etc. White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elemantary/Secondary (0-12)	CATION completed) College (1-4 or 5 +) A	(Gh		ork done retired.)	during mo	on st of working torian	168		Gover		t
BE COM	17. FATHER'S NAME (First, Middle, Last) John Hastings						18. MOTHER'S NA	s El	lis			
10	Mrs Perry Bowen		59	930 S	her	idan		d. P	rince	Freder	ick	Maryland
	20s. METHOD OF DISPOSITION 1 Secretary Burlet 2 Cremetion 3 Ran 4 Donation 6 Other (Specify) 21. SECRETARY OF FUNERAL SERVICE LI		other pla	Pauls	Cer	mete			Prin	ce Fre	deri	Calvert Ck Maryland
	BROW	00/	į.				Broomes			ch Fund t Repu		Home Maryland
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.)(\S			de of dying, aud				9	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	R AS A CONSECUTE AS A CONSECU									
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition PCPKC UICCO		eath but not n	eaulting i	n the u	ndariyin	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	O O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	ACE OF OEATH (C)					
ВУ	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF IN (Month, Day,	Year) INJURY — At ho	26b. TIME INJU	M	1 🗆	YES 2 NO	281, LO	CATION (Street	and Number or		te Number,
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	building, et	c. (Specify) y knowledge, de	ath occurre	d at the	time, date	and place, and due	City	use(a) and me	nner se stated.	-	
TO BE CON	2 MEDICAL EXAMIN 29b. SIGNITURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON OF	V				opinion, d	29c. LICENSE NU	MBER		29d. DATE S		Ionth, Day, Year)

701 1990

3 21203-3146

BALTIMORE, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEAT	'H	
	FR	[EDA]	Roe	COU	CELI	L			Apr			990	9:45	AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE C	Dey, Year)		8. BIRTH Count	IPLACE (State or Fo	reign	
	218-16-6325	1 M 2 XF	8	2 YRS.	MONTHS	DAYS	HOURS	MIN.	05		7	Mar	yland		
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	HTAS		
5	Main Street				Co	rdo	va				Ta]	Lbot	:		
DIRECTOR	10a. STATE 10b. COUNT	гү	-	10c. CIT	Y, TOWN OF	LOCAT	TION						10d, INSIDE CITY		
5	Maryland Ta	lbot		Cor	rdova	9							LIMITS?	NO	
	10e. STREET AND NUMBER	1000		100.			. ZIP CODE				10g. CITI	IZEN OF V	WHAT COUNTRY?		
FUNERAL	Main Street						2]	625	5		Ţ	J.S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEDED								? (Specify Yes	or No-	14. RACI	E — American India k, White, etc.	nn,	
	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE					2 NO		n, Puerto R y:	ican, atc.)		Spec	lty:		
	15. DECEDENT'S ED	IICATION .	I s	6a. DECEDENT'S		O 40 474			1				nite	\rightarrow	
COMPLEIED	(Specify only highest grad	le completed)		(Give kind of life. Do NOT u	work done di			g	160.	KIND OF BU	SINESS/INC	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	book	,	or									
	17. FATHER'S NAME (First, Middle, Last)			20011	ССР		18. MOTH	IER'S NA	ME (First N	liddle, Maiden	Sumame)				
	Carl J. Mulle:	r								zabet		acok	os		
4	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route Numb	er, City or Tow	m, Stefe, Zip	Code)		$\overline{}$	
2	Stanley H. Ro	е		Rt.	1 B	OX	544	. Co	ordo	va, M	ID 3	2162	25		
-	20a. METHOD OF DISPOSITION 4 1 X Burlel 2 Cremetion 3 Ref	/28/90	20b. P	PLACE OF DISPO					22.00		CATION -				
	4 Donation 8 Other (Specify)	noval from State		odlaw	n Mei	mor	ial	Pai	rk	Ea	sto	n, N	Marylan	d	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		1	100		ND ADDRES								
	JOHN R	10 E	ZCE ((405						Home	9				
\exists	23. PART I. Enter the diseases, or	complications th	et ceused t	he death. Do					cyla		Iratory an	reat,	Approxima	ata	
	ahock, or heart fellure IMMEDIATE CAUSE (Finel	. List only one ce	use on eac	th line.									Interval B		
	disease or condition	V	enter	Lusi	ar -	RUS	Dry C	10_	ti	7-1			1210	0121.0	
ŀ	resulting in death)	DUE TO		ONSEQUENCE O	PF):	0							1	nan	
_		b. a	تسب	te m	33.U	م	Ldi	al	in	Rin	tu	D-91	LIR	7.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence or): On the price of t														
3	CAUSE (Disease or Injury & autoroscleratic heart desease uncertain														
	that initiated events resulting in death) LAST														
5	d														
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PARLABLE PRIOR TO AMAILABLE PRIOR TO														
1															
MEDICAL															
5	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? Release HOSPITAL: OTHER:														
1 VES 2 NO 4-25-40 1 npetlent 2 ER/Outpetlent 3 DOA 4 Nursing Home 8 Realds										ence 8 Other (Specify)					
Ē	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	WC	DRK?	, .	28d. OEŞCRIBE HOW INJURY OCCURED						
5	2 Accident Investigation				М		YES 2	NO							
	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE building	, etc. (Specify	At home, term,	street, facto	ery, offic	:0			ATION (Street or Town, State		r or Rural .	Route Number,	- 1	
ا														_	
COMPLEIED	enel enel	SICIAN: To the best of													
5	2 MEDICAL EXAMIN	VER: On the basis of	examination a	and/or investigati	on, in my o	my opinion, death occured at the time,				and place, a	nd due to ti	he cause(a) and manner as s	stated.	
ı	29b. SIGNATURE AND TITLE OF CERTIFI	112			29c. LICI						(Month, Day, Year)				
2		1. Trev					Dl	0938	3			4/25	5/90		
-	30. NAME AND ADDRESS OF PERSON W					20	7 1	2221	ton	MD	2166	הח			
	Robert W. Tr			Rt. 3	ROX	29	/, 1	Lasi	con,	שט	2160	ΛT			
	APR 26 90	32. REGISTA	AR'S SIGNAT	John Mande	.00										
_	Pi (1 2 0 30	- 0	- medit	JOHN-MON	006										
													DHMH-1	8 Rev 1/89	

	be detached for use as the burial-transit permit. Pages 1, 2, 3 should		must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after that have a continued by the continued of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the inversity	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical anaminer must be netlified at once.

	SIAIE	OF MARYLAND / DEI				E	, 12010	
	1. DECEDENT'S NAME (First, Middle, Last)	PALP	TIFICATE OF		REG. NO. 2. DATE OF DEATH MONTH DA	1-1990	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 217-18-8351 1.25 M 2 [10	RS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3. BIRT Cour	rippLace (State or Foreign Md.	
TOR	98. FACILITY NAME (If not institution, give street and numb County Se RESIDENCE OF DECEDENT	neral Hospe	tal Wes	menate	TH .	Carro	DEATH	
L DIRECTOR	10e. STATE 10b. COUNTY Md - Carrol 10e. STREET AND NUMBER	100	Hampst	COL ZIP CODE		10- CITITEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?	
ERAL	3618 Thave Rus	JRoad		21674		USA	WILL COOKING	
BY FUN	1 Name Married 2 Married FORCES	EDENT EVER IN U.S. ADMED 1 YES 2 NO INVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC ecity Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yea Puarto Rican, atc.)	Bie	CE — American Indian, ok, Whita, etc. CONY: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(Give kin	NT'S USUAL OCCUPATION of work done during model (OT use retired.)	ON st of working	16b. KIND OF BUS		20	
OMP	6th grade 17. FATHER'S NAME (First, Middle, Lost)			18. MOTHER'S NAM	E (First, Middle, Maiden	h Tree (
BE C	Samuel C. Calp			Mary M.	Crew			
5	190. INFORMANT'S NAME (Type/Print) LaNelle Mae Calp	361	18 Grave Ru	in Rd., Han	npstead, M	n, State, Zip Code) Id. 21074	4	
	200. LOCATION — City or Town, State 200. PLACE OF DISPOSITION (Name of cometery, crematory or St. Peter's Cemetery 200. LOCATION — City or Town, State 300.						aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE *** *******************************	Eline			utv Eline F .,Hampstea			
	23. PART I. Enter the diseasea, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in death)		uepir	de of dying, such	ea cerdiac or respi	ratory srreat,	Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DLE YUYL COPD DUE TO (OR AS A CONSEQUENCE OF): COPD DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.							
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 246. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	g correct.	-	LAGE OF DEATH (Chec	k only one)			
PHYSICI	1 TES 2 NO Inpette	t 2 ER/Outpatient 3 D		ne 5 - Reeldence 8	Other (Specify)	N. ILIBY OCCUBED		
BY PI	1 Netural 5 Pending (M	onth, Day, Year)		URY AT ORK? YES 2 NO	and Depositor How I	NOON! OCCURED		
ETED E	3 Suicide a Danie 28e. Pl	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bat						e(a) and manner as stated.	
OBEC	296. SIGNATURE AND TITLE OF CEPTIFIER	3. ysan	م سام م	D14	992	29d. DATE SIGN	ED (Month, Day, Year) 25~90	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	BAR Z	A GA	NEW	WINC	LSUR	. 21776	
	31. DATE FILED (Month, Day, Year) APR 26 '90 32. RE	Sura Dandon-	fandall					

and the second second second

BALTIMORE, MARYLAND 21203-3146	VG PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or attending physician.	fiter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit penath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N OF VITAL RECORDS, P.O. BOX 13146,	ecuted within a	nd completely burial, crematic	atic event, th
BOX 1	cate be en	hysician a prior to	er traum
0.0	th certific	lending p	or othe
DS, F	the dea	y the att	Injury,
CORI	ires that	signed b	VS any
REC	w requi	pt. of H	3 show
TAL	The la	tate De	tem 2:
>	ICIAN	the S	10.
O	PHYS	this c	rked
Z	9	ter ath	E

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

ETED

COMPL

BE

2

APR 16 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JEFFREY M. WIELAND, 560 RIVERSIDE DR, SALISBURY, MD

22 REGISTRAT'S SICHETURE

After 1

L DIRECTOR: A hours after de litem 28 is 40

DIVISION OR ATTENDING

HOSPITAL FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If

STATE REGISTRAR 1 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH arpenter 0730 ELTON 90 CHARLES 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-07-6503 73 DAYS HOURS 1 M 2 | F YRS DEC.24, 1916 VIRGINIA Sa. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Peninsula General Hospital alisbury. MD Wicomico 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY **MARYLAND** WICOMICO SALISBURY 1 X YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21801 1012 B ADAMS STREET USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12.2 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify Specify: 3 X Widowed 4 Divorced ARMY WWII WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 YRS 3 YRS ACCOUNTANT OIL CO. COMPTROLLER 17. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME (First, Middle, Meiden Surname) CARPENTER MAUDE MUMFORD SELBY 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SUSAN C. MOORE 2016 N. NITHSDALE DR, SALISBURY, MD 21801 20s. METHOD OF DISPOSITION 4/14/90
1 Suriel 2 Cramation 3 Removal from State
4 Donation 5 Other Secret 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State MOUNTAIN VIEW CEMETERY CLIFTON FORGE, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE HOLLOWAY FUNERAL HOME, PA Hallows 501 SNOW HILL RD, SALISBURY, MD 21801 23. PAD 1. Enter the diseases, or complications that caysed the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition 1000 resulting in deeth) REQUENCE OF towater Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO etlent 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 284, DESCRIBE NOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Nomicide determined CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and menner as stated. (Check only one) # MEDICAL EXAMINER: On the besis of sys on and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated, 29c, LICENSE NUMBER D 33796 256. SIGNATURE AND WILE OF CERTIFIED 5

0

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

12

physician.	burial-tran		
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran		
hospital c	tached for		306.
y the	e de		10 1
retained b	5 should t		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e P	age :		be n
may	or, p		ust
Page 6	al direct		iner m
death	fune		exam
after	y the	noval	cai
OUITS	in t	or rer	Dem
24 h	filled	ion,	he
1 within	mpletely	. cremat	event, 1
executed	and co	o burial	matic (
o pe	ician	rior t	Tage 1
ificati	phys	ene p	her
neo (nding	Hygir	or of
death	afte	ental	7,0
t the	y the	M M	를
s tha	peu	ath a	any
require	peen sig	of Hea	Shows
MPI 6	has t	Dept	23
Ě	cate	State	item
ICIA	certifi	the	10
PHYS	this	with	rrked
DING	After	death	S ma
TEN	:TOR:	after	28
OR A	JIREC	OULS	em
SPITAL	ERAL L	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IT: If I
5	FUN	1 with	RTAN
THE	THI C	e filec	MPO
=	H	ŏ	=

											90	1281	45
	FOR 1 STATE	STATE OF M								E			
	REGISTRAR				ICATE O	F DEA	ГН		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	,	ris G		ζ			2. DATE OF P	EATH DA	28	900	TITO POOR	AM
ı	DOG12 6		000					4	- 28	54 ~	70	10:07 F	7 M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEA		MIN.	7. DATE OF B (Month, De)			8. BIRTHP	LACE (State or Fore	ign
ı	214-07-9621	1 M 2 F	84	YRS.				08/25	/190		MARY		
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOW	N OR LOCATI	ON OF DE	EATH		9c. COU	ITY OF DE	ТН	
	DORCHESTER GENER	RAL_HOSPIT	AL		CAN	1BRIDG	E			DOI	RCHES	TER	
	10e. STATE 10b. COUNT	гү	-	10c. CIT	Y, TOWN OR LO	CATION						lod. INSIDE CITY LIMITS?	
Į		DRCHESTER			CAMBI							YES 2XXN	0
Ì	10e. STREET AND NUMBER					101. ZIP COD	E			10g. CITI	ZEN OF WH	AT COUNTRY?	
ı	RT. 1, BOX 5828	CASTLE HA					613				U.S	.A.	
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. WAS (Specify Cube	OF HISPAN	NIC ORIGIN? (Sp	ecify Yee	or No-	14. RACE - Black,	 American Indien White, atc. 	,
ı	3 X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 1	ES 2 X NO	Specif	y:			Specify:		
ł	15. DECEDENT'S ED	UCATION	16a. C	ECEDENT'S	USUAL OCCUP	ATION		165 KIN	D OF BUS	INESS/IND		E/CAUC.	-
	(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +		Give kind of a le. Do NOT us	work done during se retired.)	most of world	ng						
	11th grade	College (1-4 of 5 +		ECUT	EVE SEC	RETAR	Y	CHA	MBEI	ROF	COMMI	ERCE	
	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle			00121	1102	
ı	CARTER A. LA	ATTA				N	ELLI	E TWI	LLEY				
1	19a. INFORMANT'S NAME (Type/Print) (VIICHTED)	1	9b. MAILING	ADDRESS (Stre	et and Numbe	r or Aural	Route Number, C	Ity or Town	n, State, Zip	Code)		
	MRS. DORIS NOLA I	BUCK			LIBERTY			DUNDA	LK,	MD.	2122	2	
ı	20e. METHOD OF DISPOSITION XX Buriel 2 □ Cremation 3 □ Rea	noval from State	other	olace)	SITION (Name of		matory or				City or Tow		
ı	4 Donetion 6 Other (Specify)		CAM	BRIDG	E CEMET				CA	MBRII	OGE,	MARYLANI)
	21. SIGNATURE OF FUNERAL SURVICE L	ICENSEE	MOO	718		AND ADDRE		AL HOM	F			1 (1 0	
	Walted Deore	1 Exercis	well					EET, C.		IDGE	MAR	1613 YLAND	
1	23 PART I, Enter the diseases, or	complications that	ceused the c	laath. Do								Approximat	
	shock, or heart fellure	. List only one ceu	cute I	e.	Ceehr	ol -Tr	fno	ation				Onset and	
ł	disesse or condition	Doute	hel-	+ 01	elual	س سار	Pour	the start				366	Suc.
ı	resulting in deeth)	DUE TO	OR AS A CONS	EOUENCE O				ed A	the	20 2 6	lana	240	
		a Gener	alinas	acy	Russ	علمده	Suc		OLIGI	COSE	191.0	- JEAR	5
ı	Sequentielly liet conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE O								11-10	
ı	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Hype		vi .		Нуре	rte	nsion				YEMAS	2
	that initiated events	(prute to	OR AS A CONS	EQUENCE O	NF):								
	resulting in death) CAST	d											
	PART II. Other significant condition	ona contributing to	deeth but not	resulting	In the underi	ying ceuse	given in	Part I. 24a	. WAS AN	AUTOPSY		WERE AUTOPSY FIN	
ł	(1) PULMONA	Ry EN	BOLL	3 MP	ulmon	ary H	lmbo	lism	PERFOR		-	AVAILABLE PRIOR TO COMPLETION OF CA	
	(E) brown 1	negati	رد	200	ses	e .		_ ' '	_ 160 2	(P) HO		OF DEATH?	0
	KM Brain ne	gative s	sensis	7		-							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-ahara			. PLACE OF I	DEATH (C)	neck only one)					
ı	EXAMINENT?	HOSPITAL:	l manua	• 🗆 • • • •	OTHER:			E D AND DA					

28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 1 Natural 1 YES 2 NO 2 Accident Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Sulcide 6 Could not be determined

4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as atsted.

290. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I) EM 27) (Type, Print) 503 BYEN St. CAMBELDEE MD 21613 MICHAER MD MOSKE

31. DATE FILED (Month, Day, Year)
APR 30 '90

32. REGISTRAF'S SIGNATURE
Julia Javidson-Aandall

29c. LICENSE NUMBER D 1660 9

29d. DATE SIGNED (Month, Day, Year)

125-190

F21 31 101

.

was 1944 - House

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
--	--

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I		HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF OEATH
		Madeline	Virgini	a	COLAW	Apri	1 30,	1990 YEA	8:30 A M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	0. BI	RTHPLACE (State or Foreign
	234-28-8399 9e. FACILITY NAME (If not institution, give s		9 YRS.	THE DAYS	HOURS MIN.	March	11,		est Virginia
TOR	Garrett County Me			CITY, TOWN C	0ak1			Garr	
EG	10a. STATE 10b. COUNTY	γ	10c. CITY, TO	WN OR LOCAT	ION	-			10d, INSIDE CITY
DIRECTOR	MD	Garrett		0aklan					LIMITS?
¥	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
	Route #6, Box 43				2 1	550		U	SA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Otvorced	12. WAS OECEOENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 NO	If yes, spe	ENDENT OF HISPAR ecity Cuben, Mexica 2 X NO Specifi	in, Puerto Ric	(Specify Yes or en, etc.)		ACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EQU	CATION	16a. OECEDENT'S USU	AL OCCUPATION	ON .	166. K	IND OF BUSIN	I ESS/INDUSTR	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use ret	done during mo-		1,000			
COMPLETED	12th	College (Ind Or 5 +)	Cash	ier			Cloth	ing St	ore
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mic	idle, Maiden Su	rname)	
	Martin	Henry	Miller		Nora	Ma	ae	Hilem	an
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural	Route Number	City or Town,		
2	Mrs. Sherry W. Ri	nard	Rt. 6,	Box 43	, Oaklan	d, Man	ryland	2155	0
	20a. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Ram	ovel from State	D. PLACE OF DISPOSITIO	N (Name of cen	netery, cremetory or		20c. LOCA	ITION — City o	
	4 Donation 5 Other (Specify)		arrett Co.				Oa:	kland,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIK	A Dewal		Ste	wart Fundant Second	eral H	Home Oakl	and, M	D 21550
	23. PART I. Enter the diseases, dr shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a			de of dying, auc	ch as cardis	c or reapira	itory arrest,	Approximate Interval Between Onset and Daath 2 Weeks
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	Acute Myocardi	rute Myocardial Infarction					i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2									
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)			
Sic	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence		Panellal.		
¥	27. MANNER OF OEATH	28a. DATE OF INJURY	28b, TIME OF			-		JURY OCCURE	D
	1 Natural 5 Pending	(Month, Day, Ybar)	INJURY	WC	PRK? YES 2 NO				
2 Accident Investigation 28a PLACE DE INJURY At home form street factors office 284 LOCATIO							ION (Street an	d Number or Ri	ural Route Number,
9	4 Homicide 8 Could not be	building, etc. (Spe	ctfy)				Town, State)		
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination							use(s) end manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	M a			29c, LICENSE NU	MBER	1	29d. DATE SIG	NED (Month, Day, Year)
0	had both	11/	MD		D2720				30/90
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin	•				./-	-,,,,
	Karl E. Schwal	m 311 N. 4th	St., Oakl	and, M	D				
	31. DATE FILMAY rith, Day, Vigor	32. REGISTRAR'S SIGN	NATURE CONTROL						

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTI					MENTA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		V	I I WATER		DE.			OF DEATH			3. TIME OF DEATH
,	Maggie	G.	Collie	e k				MONTI 4	H D	AY 5 (YEAR	1:05 PM
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs, last birthda)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH			IPLACE (State or Foreign
-	219-05-3890	1 🗆 M 2 📈 F	74 YRS.	MONTHS	DAYS	HOURS	MIN.	JAN.		1916		WHILL, MD.
	9a. FACILITY NAME (If not institution, give s	itreet and number)		9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE			9c. COUN	ITY OF D	DEATH
OH.	BERLIN NURSING H	OME		E	BERL1	N, M	D.			WOR	CEST	ER
1	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c. C	ITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
H	MD. WORC	ESTER		SNOWH								LIMITS?
=	10e. STREET AND NUMBER	LOTEN		ONOM		. ZIP COO	E			10g. CITI	ZEN OF	WHAT COUNTRY?
E	410 W.	MARKET ST	TREET		2	1863				t	JSA	
FUNERAL DIRECTOR	11. MARITAL STATUS		T EVER IN U.S. ARMED	13					f? (Specify Ya	s or No—	14. RACI	E — American Indian, k, White, etc.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				2 NO			rican, atc.)			-AMERICAN
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT	TO HOHAL A	200110171	X		1 405	. KIND OF BU			-AMERICAN
1	(Specify only highest grade	e completed)	(Give kind of	of work done	during mo	ost of working	ng	100	. KIND OF BU	SINE 23/IND	USIRY	
7	Elementary/Secondary (0-12) 7th	College (1-4 or 5 a	" DOMES	TIC				Н	OUSEWO	nrk		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA		Middle, Maiden		_	
BE C	CURTIS C	OLLICK						LOT	TIE S	SHORT		
TO B	19a. INFORMANT'S NAME (Type/Print)								ber, City or Tow			
F	JAMES H. COLLI	CK, JR.	5716	MEM C	CASTL	E HI	LL R	OAD,	SNOW	HILL N	MD.	21863
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	noval from State	20b. PLACE OF DISP other place)	OSITION (A	lame of ce	metery, cren	natory or		100	CATION -		
	4 ☐ Donation 6 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE L)	OFWER	other place) CDO	L SPR	ING	UM		00.1774		RDLETI		
	21, SIGNATURE OF FUNERAL SERVICE LI	P 1	1	22	JOLL	EY M	EMOR	IAL	CHAPEL	, RTI	E. 2	, BOX 920
	Loulla	D. you	ley		SA	LISB	URY,	MD.	21801			
	23. PART I. Enter the diseases, or ahock, or heart fellure.	Compilerations the	it caysed the death. Duse on each line.	not ante	er the mo	ods of dy	ing, suc	h ss can	diac or reap	iratory arr	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
	resulting in death)		Failure	OE).								
_1	DUE TO (OR AS A CONSEQUENCE OF):											
Ö	Sequentially list conditions,											
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Senil	ity due t	o ad	van	ced	age					
E	that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):								
CERTIFICATION	resulting in death) LAST	d										
0 1	PART II. Other aignificant condition	na contributing to	death but not resulting	g in the u	ındariyin	g cause	given in	Part I.	24a. WAS AF		240	b. WERE AUTOPSY FINDINGS
ICAL									PERFO 1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
9									1 123	- LE 110		OF DEATH?
=												
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?					LACE OF D	EATH (Ch	neck only o	ne)			
YSIC	1 TES 2 TO NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DO/	OTHE 4 SV N	ER: ursing Hor	ne 5 🗆 Re	esidence	8 🗆 Othe	er (Specify)			
PH	27. MANUTER OF CEATH	28a, DATE OF (Month, L	F INJURY 28b. 'Oay, Year)	IME OF	W	JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
1 Matural 5 Pending												
								or Aural	Route Number,			
E												
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion, daeth occurred at the time, data and place, and due to the cause(e) and manner as stated.												
8			ixamination and/or investig	ition, in my	opinion,				a and place, a	nd due to th	ne cause	(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	iR	- 1	1>			ENSE NU					D (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	SE OF DEATH AVEN AT C	ma Delet		DO	2026	b			4/6/	790
					0 +	D	0 1 1	in	MD '	121	1	
3	Federico G. A:		M.D. # 3	Bay	St.	, в	eri:	⊥ Il ,	LID A	2181	1	
	APR T (Morrity, Day, Year)		In Bullion									

# 1, 2, 3 should		
should be detached to the as the burtal-transit permit. Pages 1, 2, 3		otified at once.
signed by the attending physician and completely filled in by the funeral director, page 5	Health and Mental Hygiene prior to burial, cremation, or removal,	ows any injury, or other traumatic event, the medical examiner must be n
TO THE FUNERAL DIRECTOR; After this certificate has been	be filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 shows a

	30 12040
	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthddy) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DITE OF BIRTH 6. BIRTHPLACE (State or Foreign
	219 34 277 2 1 M 2 F 5/ YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)
	9a. FACILITY NAME (If not institution, give street and number) 9b. ENTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
H	Home Boules Rd. Pocomke City Md Somerset
5	RESIDENCE OF DECEMENT 10a. STATI 10b. COUNTY 10c. CDPA, TOWN OR LOCATION 10d. INSIGE CITY
DIRECTOR	MI South Lands
	100. TOUR Sed TO COOK RE C/Y 1 YES 2 M NO 100. TITUE AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY?
ER/	R+T. Boulden Rd. 21851 115A
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, Whita, etc. 14. RACE — American Indian, If yes, specify Cuban, Maxican, Puerto Rican, etc.)
BY F	1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES, Specify: Markett, Fuerto Ricert, art.) 3 Widowed 4 Divorced Specify: Specify: Specify: Specify: Markett, Fuerto Ricert, art.)
	15. DECEDENT'S EDUCATION 168. OECEOENT'S USUAL OCCUPATION 16B. KIND OF BUSINESS/INDUSTRY
ETE	(Specify only highest grade completed) (Sive kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.]
AP.	12th Laborer tarm
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname)
BE	Will Wesley Cottman Kuth L. Williams
2	196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print) 196_INFORMANT'S NAME (Type/Print)
	20a, METHOD OF DISPOSITION 20b. PLACE OF CISPOSITION (Name of cornetery, cremetory or 20c_LOCATION — City or Town/State
	1 St Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Doby 4 Mail Church Va 23415
	23. PART I. Enter the diseases, or complications poet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	shock, or heart failure. List only one sause on each line. IMMEDIATE CAUSE (Final Onset and Death
	disease or condition - a. Congestive Heart Failure 2 days
	DUE-TD OR AS A CONSEQUENCE OF:
NO	Sequentielly list conditions, Due to (or as a consequence of): Due to (or as a consequence of):
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING
F	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
ш	resulting in deeth) LAST
LC	PART II. Other algoriticantyconditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICA	Alcahallan PRIOR TO COMPLETION OF CAUSE
AED.	1 YES 2 NO
ż	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINED! AOSPITAL: OTHER:
YSI	1 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year) M 1 YES 2 NO
B	2 Accident investigation 26a. PLACE OF INJURY — At home, farm street factory office. 28f. I OCATION (Street and Number or Burel Bouts Number)
딢	Succee 8 Could not be building, etc. (Specify) City or Town, State)
COMPLETED	28s. CERTIFIEN 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
OMI	EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Pear)
8	and title of certifier Carry MD 29c. LICENSE NUMBER 29d. DATE SIGNED (North, Day, Feet) 4 111/90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
8	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
8	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3	υ	Đ.	ᇓ	ρ
ľ	% S	_	Ħ	l
5	ade		90	ŀ
6	0°, p		nst net	l
90	lirect		E	ı
	eral o		alle	l
nean	fune		EXAM	l
20.00	y the	nova	cal	ŀ
2	in b	Tel re	ped	l
	filled	DU, 0	16 F	
	teh	matic	t, to	l
M	mple m	Cre	Yen	l
200	8 p	urfal	Uc e	l
3	ש שו	to b	ша	l
5	sicia	prior	tra .	l
13154	Phy.	ene	ther	l
3	nding	HYD	0 70	ı
Dean	afte	emtal	7	l
25	y the	N P	를	ı
H	ed by	th an	amy	
71/25	sign	Heal	100	ĺ
DE L	been	9	8	l
2	has	Ded	23	l
	cate	State	Her	ł
SE	ertifi	the	6	Ì
HIS	his c	NA STATE	ked,	ŀ
2	her t	ath	mar	l
N	R: A	er de	-00	l
A	013	s aft	28	l
Š	DIR	hour	Hem	ı
Z Z	RAL	72	=	ı
3	FUNE	withir	M	I
TO THE HUSPITAL OR ALLENDING PHYSICIAN; The ISW requires that the beautiful the beautiful the minimum and the bound of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be multi	I
2	2	90	E	I

use as the burial-transit permit. Pages 1, 2, 3 should

or attending physician.

	FOR STATE STATE REGISTRAR	TE OF MARYLAND /	DEPARTM				TYGIENE REG. NO.	50 120	43
	1. DECEDENT'S NAME (First, Middle, Last) Marie	_	Curry		DEATH	2. DATE OF MONTH April	DEATH	3. TIME OF DEATH 8:00P	м
	4. SOCIAL SECURITY NUMBER 5. SEX 214 74 6222 1	8. AGE (In yrs. lest	yrs. Mon	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D 01-0	BIRTH B. 7-1900	BIRTHPLACE (State or Foreig Country) MD	gn
TOR	9a. FACILITY NAME (If not institution, give attreet and a 132 North Paradise RESIDENCE OF DECEDENT		96.		r LOCATION OF D		9c. COUNTY	arford	
L DIRECTOR	MD Harfor	⁻ d	10c. CITY, TO		e de Gr	ace	100 CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	0
FUNERAL	132 North Paradi	S DECEDENT EVER IN U.S. AR	MED		21078	NIC ORIGIN? (US	A RACE — American Indian,	
BY		RCES? 1 TYES 2 N ES, GIVE WAR OR DATES	10	If yes, spe	clify Cuban, Maxic 2 X NO Speci	an, Puerto Rici		Specify: White	
COMPLETED	8th	d) (Gi life.	cedent's usu. Ive kind of work of Do NOT use ret Iomema	done during mod red.)	at of working		ND OF BUSINESS/INDUS	TRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Joseph Dudek					sa Pru	sha		
TO B	19a. INFORMANT'S NAME (Type/Print) Charles D. Curry,						city or Town, State, Zip Co avre de Gr	ace, MD 21	078
	20s. METHOD OF DISPOSITION 1	20b. PLACE	OF DISPOSITIO	N (Name of cen	netery, cremetory or Cemeter		20c. LOCATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	_ KOCK	22. NAME AN Mitch	ell-Smit	h Fun	eral Home, MD 21078-	PA	
	23. PART I. Enter the diseasea, or compile ahock, or heart failure. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)		40			ch aa cardia		Approximate interval Bets	ween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE		une		V			
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions control	ibuting to death but not i	eaulting in the	ne underlyin	g cause given it		4e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	USE
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)			
IYSI	1 NES 2 X NO 1 I I In	PITAL: petient 2 ER/Outpetient 3 Be. DATE OF INJURY			ne 5 KRasidence		Specify) RIBE HOW INJURY OCCU	DED.	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	Wo	YES 2 NO				
		Be. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	t, factory, offic	•		ION (Street and Number or Town, State)	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the medical examiner: On the								ned.
8	29b. SIGNATURE AND THEE OF CENTRIER	es	M.	D .	D 206	UMBER /	29d. DAT94	30/90	
5	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITE	(1 27) (Type, Prin	16)			7	//	

32. ARGISTRAN'S SIGNATURE. Julia Davidson-Randale.

31. DATE FILED (Month, Day, Year)
APR 30 '90

1	_					DIVISION OF VITAL RECORDS, P.O. BOX 131	S	5	0	14	>	F	1	OC	G	0	æ	S	4	0	-	8	×	-	-
	2	岩	HOSP	E	0	A	TEN	DIN	H	NS.	SIAN	Ē	9	×	adnir	Se	hat	the	deal	th co	artife	cate	8	-	900
4	2.	置;	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or	R	ā .	NECT .	OR:	Afte	T.	S	THE S	ate	has	ě.	S U	gne	6	5	at a	ipua	0.0	Hys	cia :	E 1	n an

	1 - STATE REGISTRAR		STATE OF M		DEPAR						GIEN G. NO.	E		
	1. DECEDENT'S NAME (First,		Cook							2. DATE OF DE	EATH DA	4 199	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BII (Month, Day,	RTH Year)		BIRTHPL/ Country)	ACE (State or Foreign
	579-10-0516		1 🔀 M 2 🗌 F	71	YRS.	IIION III	- DATE	HOOMS	will.	May 7		8	Virg	ginia
~	9a. FACILITY NAME (If not ins	stitution, give	street and number)		٠,	9b. CITY	TOWN C	R LOCAT	ON OF DE	ATH		9c. COUNTY	OF OEAT	TH
Ö	RESIDENCE OF DEC	Men	norial	1000	1	2	VI	evo	Kal.	e		Pri	OC &	GEOVO
EC	10a. STATE	10b. COUNT	Υ	+-	10c. CF1	Y, TOWN (OR LOCAT	ION					10	id. INSIDE CITY
DIRECTOR	Maryland	Pri	nce Georg	res		Lanh	am							LIMITS? TYPES 2 NO
	10e. STREET AND NUMBER							. ZIP COD	E			10g. CITIZEN	OF WNA	AT COUNTRY?
ERAL	7513 Wilhel	m Str	eet						2070	06		fī	S.A	
FUN	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. A	RMED				OF HISPANI	IC ORIGIN? (Spi			RACE -	American Indian,
BY F	1 Never Married 2 3 X Widowed 4 Divor		FORCES? 1 IF YES, GIVE W	AR OR DATES	NO				Specify:	, Puerto Rican,	atc.)		Specify:	rine, etc.
			<u> </u>											Cauc.
ETED	(Specify only	highest gred	e completed)	S	Give kind of the Do NOT u	work done	during mo	on st of worki	ing	16b. KIND	OF BUS	SINESS/INOUS	RY	
12	Elementary/Secondary (0- 12	-12)	College (1-4 or 5+)			0			Dwa	0	o		
COMPL	17. FATHER'S NAME (First, Mi	ddle, Last)	U	1 30	ourne	yılları	Car			ME (First, Middle,		onstru	CLIO	on Co.
E C	Daniel H.	Cook								E. De				
00	19a. INFORMANT'S NAME (7)	rpe/Print)		1	9b. MAILING	ADDRES	S (Street a			oute Number, Cit			de)	
2	Daniel W. C	ook								earl Ri				
	20a. METHOD OF DISPOSITI			20b. PLACE	E OF DISPO							CATION — City		, State
	1 X Surial 2 Crematio 4 Donation 5 Other		noval from State	Park	lawn	Memo	oria.	l Pa	rk		Ro	ckvill	e.Ma	ryland
	21. SIGNATURE OF FUREDON	BEHVICE	CENSEE	//		22.	NAME AL	ND ADDRE	SS OF FAC	HLITY			1	- 7 - 44.14
	1 1	0/11	9-82	2.00	_					uneral			D 00	707
-	23. PART Enter the di	seeses, Dr	complications that	coused the d	leeth. Do					s Rd.				Approximate
	ahock, or he	eart fallure.	Liet only one cau	se on eech lin	16.			,				, atoly office		Interval Between
	IMMEDIATE CAUSE (Fin disease or condition		10/.0	Octob				150						Onset and best
	reaulting in death)		DUE TO	OR AS A CONS	EQUENCE (PF):	414	HEDI	9					ZUMIN
z			· 11	PILULG OR AS A CONSI	()a	Taile	11	A	ZAK T	Halal				Shuel
110	Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CONS	EQUENCE (F):	-1.71		,,,					0,973
RTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or inju-		C											
F	that initiated events resulting in death) LAS		DUE TO	(DR AS A CONSI	EOUENCE (PF):								
CER			d											-
CAL	PART II. Other algnifica	nt conditio	ns contributing to	deeth but not	resulting	in the u	nderlyln	g cause	given in					ERE AUTOPSY FINDINGS
	REID IN 14 FOUL LY								MILABLE PRIOR TO OMPLETION OF CAUSE					
MED	AUTA PARA FALLER													
										_				
SIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF	DEATH (Che	ock only one)				
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	4 Nu		e 5 🗆 R	lasidence	6 Other (Spe	clfy)			
PHYSICI	27. MANNER OF DEATH		28a. DATE OF (Month, Do	INJURY ev. Year)	28b. TH	WE OF	28c. IN.	URY AT		28d. DESCRIB	E HOW I	NJURY OCCUP	ED	
ВУ		Pending Investigation				М		YES 2	□ NO					
0	3 Suicide 5	Could not be	28a. PLACE Of building,	F INJURY — At I etc. (Specify)	nome, farm,	atreet, fac	tory, offic			281. LOCATION City or Tow			Rural Rou	te Number,
ETE		determined												
	Green upy	IFYING PHYS	SICIAN: To the best of	my knowledge, o	death occur	red at the	time, dete	and plac	e, and due	to the cause(a)	and ma	nner as stated.		
COMPL	2 DIEDI	CAL EXAMIN	IER: On the beals of a	ramination and/o	r investigat	on, in my	opinion, d	leath occu	ared at the	time, deta and p	placa, ar	d due to the c	ause(a) a	nd manner as stated.
BE (286. SOMETURE AND TITLE	OF CERTIFIE	ER					29c. LIC	ENSE NUM	IBER		29d, DATE S	IGHED (M	brith, Day, Year)
TO E	30 MAYNE AND ADDRESS OF	PERSON W	HO COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Tvo	a Print)		<u>)</u>	2050	1/		1	27	50
1	JKHN	AU M	10 6	121	PHER	7-11	Ro	P	He	Min	UK	Ma		20/12
Ĺ	ΔPR 24 9	0	Julia Dav	idoon-Man	delle				/					

3. TIME OF OEATH

2:40 P 8. BIRTHPLACE (State or Foreign

> 10d. INSIDE CITY LIMITS? 1 - YES 2 NO

> > WHITE

21502

24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNEO (Month, Day, Year)

of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner se stated.

29c. LICENSE NUMBER

D23371

Approximate Interval Between **Onset and Death**

14. RACE — American Indian, Black, White, stc.

tog. CITIZEN OF WHAT COUNTRY?

TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After this can be filed within 72 hours after death with INPORTANT; If Item 28 is marked,

4 Homicide

COMPLETED

BE

2

6

8 Could not be

296. SIGNATUME AND TITLE OF CENTIFIED

determined

2 MEDICAL EXAMINER: On the

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

			FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					IENTAI	REG. NO.	E		
			1. DECEDENT'S NAME (First, Middle, Last)					-				OF DEATH			3. TIME OF
				GOLDIE	M		C	CRID	ER		Apr		199	YEAR	2:40
			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State
	pin		214-07-2765	1 M 2 F	73	YRS.		DAYS	HOURA	MIN. ON OF OEA	SEP1	1, Day, Year)	916	Man Man	ryland
	2, 3 should	DIRECTOR	Memorial Hosp						land					egan	
_	•	EG	10e. STATE 10b. COUNTY			tOc. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE
1	()	급	MARYLAND ALLE	GANY		CL	MBERL	AND)						1 TYES
15		AL.	10e. STREET AND NUMBER					101	ZIP CODE	E			tog. CITI	ZEN OF	WHAT COUNT
∕-	1	l ii	ROUTE 4, BOX 347						2150				US		
203-3146 or attending physicia	the burial-lin	BY FUNERAL			NT EVER IN U.S., I YES 2 () MAR OR DATES		11	yes, spe		n, Mexicen		I? (Specify Yee Ricen, atc.)	or No	14. RACI Blac Spec	E — American k, White, stc. //y: WHI
03-31	88		15. DECEDENT'S EDUC			DECEDENT'S				_	16b	. KIND OF BUS	INESS/INC	USTRY	WIII
_ ~	for use	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of Ife. Do NOT u	work done du se retired.)	uring mo	st of workin	ng					
NU Z	8	P P	12			HOMEN	AKER					HOME			
4 8	455	8	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden	Sumame)		
AHYL tained by	ed be	H	JESSE HARTSOCK 190. INFORMANT'S NAME (Type/Print)							ACE				0.41	
MA netain	5 should notified	유	GERALD HOCKMAN		1							LAND.			10
may be	be		20a, METHOD OF DISPOSITION		20b. PLAC	E OF DISPO					IDER		CATION -	2150 City or To	
1 9 E	ector, must		1)(_)(Burlel 2 Cremetion 3 Remo	oval from State	other	Place)						WAYN			
Page P	huneral director, page i. examiner must be		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		11110	22. N	IAME AN	ID ADDRE	SS OF FAC					
EALLIMORE, ter death. Page 6 may !	. 43		Drendy 8.	Typcheen	d		20	02 G	REEN	E ST		UNERAL UMBERL	AND.	MD	21502
all Sal	d in by the or removal medical		23. PART I. Enter the diseases, or o ahock, or heart failure.				not enter t	the mo	de of dy	ing, such	as car	diac or reapi	retory an	rest,	Appro
il Z	fille ion,		IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Ad	rance	red	M	efe	rsf	which		G.			Onse
3146, ecuted with			A Work of Hinson	DUE TO	HOR AS A CON	EQUENCE C	F):								
TST xecute	and com burial, natic ev	No.	Sequentially list conditions,	b. OUF TO	OR AS A CONS	EQUENCE C	N)	•							
Scale be e	prior to bunic traumatic	AT.	if any, leading to immediate cause. Enter UNDERLYING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(or no n com		. ,								į
160		일	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CON	SEQUENCE O	F):				_				
P. C.	O T &	CERTIFICATION	resulting in death) LAST	d. ()	mw	21,0	25	•′							
S, ag	d Me	CAL	PART II. Other significant condition	a contributing to	death but no	t resulting	in the und	derlyin	g cause	given in i	Part I.	24a. WAS AN PERFOR		24	AVAILABLE P
s that	amy	EDIC									_	1 - YES 2	K) NO		OF DEATH?
RECORD v requires that t	has been signed to Dept. of Health a	Σ									_				1 TYES
	as ber Dept.	AN:										L			
	2 2 2	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	□ 50/0 to 10	• U no:	OTHER	l:		DEATH (Che					
0	the the	PHYS	1 YES 2 XNO 27. MANNER OF DEATH	1 M Inpetient 2 28s. DATE 0		28b. TII	AE OF		URY AT	esidence		SCRIBE HOW I	NJURY OC	CUREO	
P RYS	his with		1 Natural 5 Pending		Day, Year)		JURY M	WC	PRK? YES 2 [NO					
DING ON	After death	В В	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At	home, farm,	street, tecto	ory, offic			28t, LOC	CATION (Street	and Numbe	r or Rumi	Route Number,

Dr. Qamar Zaman Memorial Hospital Medical Building, Cumberland, Md. 21502 PROSTRATI ANALYSIS

28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)

29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated.

- -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT

2

Thomas

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

;

311,

R. REGISTRAD'S SIGNATURE

Johnson, MD

Inta

THE P

223

an.	FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per		
mysici	uniah		
d Gui	the b		
attend	se as		
30 R	for us		
ospit	ched		න්
the h	deta		one
ed by	od bu		ed al
retain	5 sho		notifi
y be	page		be 1
9 ш	ctor,		must
Page	al dire		ner
leath.	funer		xami
after o	y the	noval.	cai e
SUDO	d in b	or ref	medi
1	y filler	tion.	the
within	pletel	crema	rent,
cuted	DOD D	urial,	Hc ev
900 90	an an	f to b	nma
cate t	physici	e prio	er tra
certifi	ding p	lygien	r oth
Jeath	aften	मारिया ने	ny, 0
the i	by the	nd Me	ini
s tha	peul	alth a	s amy
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a notation after death. Page 6 may be retained by the hospital or attending physician.	en sig	of He	ITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
WE S	has b	Dept.	23
N: Th	icate	State	Item
SICIA	certif	h the	1, or
PHY	r this	th with	arket
NDING	R: Afte	r deal	Is m
ATTE	ECTOF	s afte	n 28
IL OR	L DIR	2 hous	f Iten
SPITA	NERA	thin 72	NT: h
¥	3	Wil	M

90 12852 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH OAKEY **JERRY** CASTEEL May 1990 :00 P 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 84 DAYS HOURS 1 M 2 X F 1905 213-18-0809 YRS May WV 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH Garrett County Memorial Hospita DIRECTOR Oakland Garrett 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland Garrett Friendsville 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21531 Route 1, Box 291 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 2 X10 If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 📉 NO Specify: FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6th Saw Mill Worker Saw Mill 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Jeremiah Castee1 Martha Alice Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Amanda J. Castee1 Route Box 291; Friendsville, MD 20a, METHOD OF DISPOSITION
1 A Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Blooming Rose Cemetery Friendsville, MD 21. SIGNATURE OF FUNERAL SURVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. luman Grantsville, MD 21536 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition___ Pneumonia 2 weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Multiple Myeloma months CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS ASHD with Atrial Fibrillation AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? Renal Failure 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 WES 2 NO 4 - Nursing Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 8 Could not be 4 Homicide determined CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 🔛 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and menner as stated AND TITLE OF CERTIFIER 29b. SHIGHATE 29c. LICENSE NUMBER 29d, DATE SERNED (Month, Oay, Year) BE hum hus

4th Street, Oakland, MD

TO BE COMPLETED BY FUNERAL DIRECT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Ifem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
yal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Page	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
ter death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

81- DATE FILED (Month, Day, Year)

77 '90

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR		STATE OF N					EALTH AND N		HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Mic	ddle, Last)			02.111	TOATE	-	JEAN	2. DATE OF			YEAR 3.	TIME OF DEATH
	Ted N	larsha	all (Currie					Apri		1990	4	1125 P "
	4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (In yr	s. leat birthday		YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I			Country)	ACE (State or Foreign
	219-40-8106 9e. FACILITY NAME (If not institu		1 M 2 F	46	YAS.			R LOCATION OF DE	10-0	3-43	9c. COUNT		n Carolina
	4404 XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	treet				Belt			A111	-	1913.000		eorges
NIC.	10h. STATE 10	b. COUNTY	e Georg	e¹s		eltsvil		ION				10	d. INSIDE CITY LIMITS?
HAL	10e. STREET AND NUMBER							ZIP CODE					AT COUNTRY?
CINED	4404 Yucca St		12. WAS DECEDEN	T EVED IN III	S ADMED	42 W		0705 ENDENT OF HISPAN	IC OBIGINS	Roselly Vac		SA	American Indian
10	1 X Never Married 2 Med 3 Widowed 4 Divorced	rried	FORCES? 1 IF YES, GIVE V	YES 2	NO	lf.	yes, spe	city Cuben, Mexices 2 NO Specify	, Puerto Ric			Specify: Whit	American Indien, Vhite, etc.
ובה	(Specify only hig		ompleted)		(Give kind o	"S USUAL OCI of work done do use retired.)	CUPATIO	N at of worlding	18b. K	IND OF BUS	SINESS/INDU	STRY	
MPLE	Elementary/Secondery (0-12)	_	College (1-4 or 5	'	Sales					eal E			
BE COMP	17. FATHER'S NAME (First, Middle Owen D. Curi							16. MOTHER'S NAI) Cu	rrie
2	19a. INFORMANT'S NAME. Louis Caponit							reet, Be					
	20s. METHOD OF DISPOSITION		f)	20E-PL	ACE OF DISP			netery, cremetory or			CATION — CI		, State
	1 □ Burlet 2 A Gemetical 4 □ Donation 5 □ Other (Sp	(B/V) Remov	tebm State	Met	ropoli	tan C	rem	atory		Ale	xandr	ia, \	/irginia
	21. SIGNATURE OF FUNERAL S	PRVICE LINE	* / L	V				is Gasch		o G Fin	norol	Uome	DA
	1/ Taux	-/-	1/2	8 hrs	Jun								Md 20781
	IMMEDIATE CAUSE (Final		iat only one cau	ise Dn eech									Approximate interval Between Onset and Death
	disease or condition resulting in dasth)	a.		DS									2 years
			DUE 10	(OR AS A CC	DNSEOUENCE	OF):							1
RIFICALION	Sequantially list condition if any, leading to immedia cause. Enter UNDERLYING	te	DUE TO	(OR AS A CO	NSEOUENCE	OF):							
5	CAUSE (Disease or Injury that initiated events resulting in death) LAST	1 "	DUE TO	(OR AS A CO	NSEQUENÇE	OF);							
CER		d.											+
MEDICAL	PART II. Other algnificant					s In the und				PERFOR	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2									-			'	YES 2 NO
PHTSICIAN:	25. WAS CASE REFERRED TO MEXAMINER?	MEDICAL						ACE OF DEATH (Ch	eck only one	1			
	1 YES 2 NO		HOSPITAL:	ER/Outpatio	ent 3 🗆 DOA	OTHER		e 5 K Residence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Netural 8 Per	nding estigation	25e. DATE Of (Month, I	INJURY Day, Year)	28b. 1	TIME OF INJURY M	WC	URY AT PRK? YES 2 NO	28d. DE\$0	RIBE HOW	NJURY OCCU	JRED	
ובח מ	3 Suicide 6 Co	uld not be ermined	28e. PLACE (building	of INJURY — etc. (Specify)	At home, farr	n, street, facto	ory, offic	•		TION (Street Town, State)	end Number o	or Rural Roo	ste Number,
COMPLEIED BY	TOTAL OTHY							end place, end due					and manner as stated.
IO BE C	296. SIGNATURE AND TITLE OF	PAU	MO					29c. LICENSE NUI	MBER . 134	6	29d. DATE	SIGNED (Horsth, Dey, Year) — 90
_	30, NAME AND ADDRESS OF P	ERSON WHO	BASS CAL	SE OF DEATH	1 (ITEM 27) (T)	iype, Print)	A	D2	aton	M	12	090	6

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 6. A should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

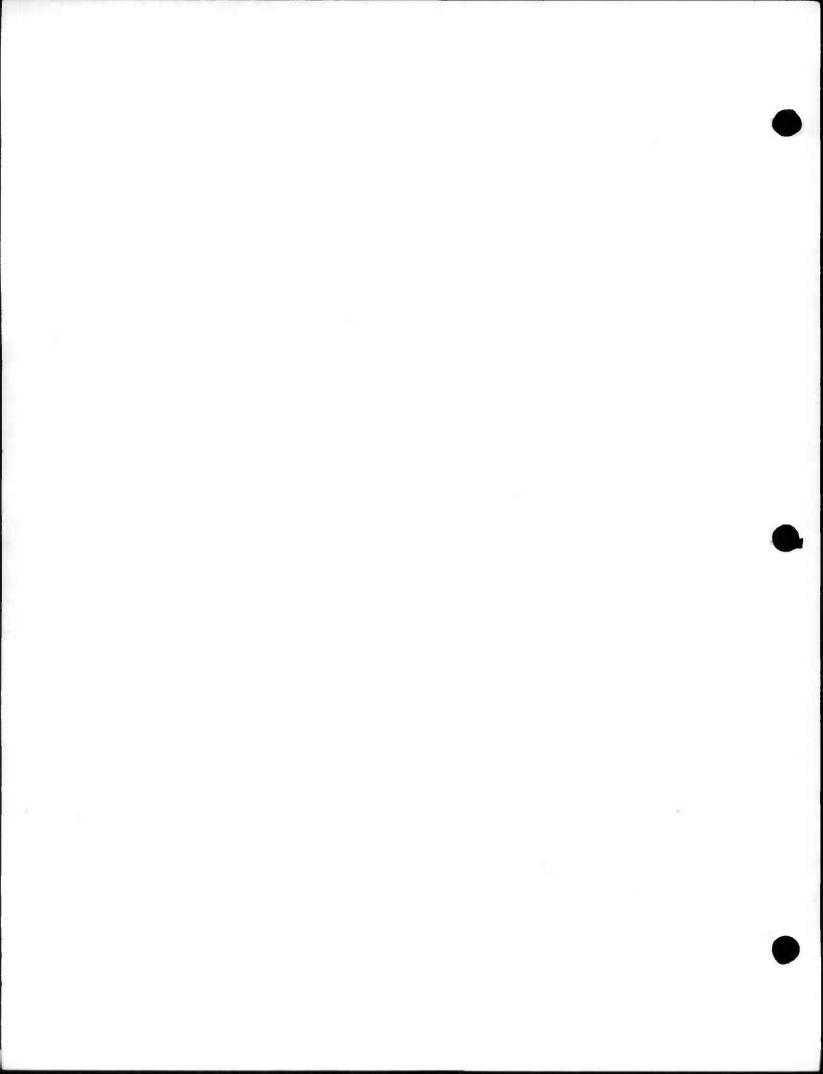
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		14			2. DATE OF DEATH MONTH DA	AM MP	3. TIME OF DEATH
	SADTE MARY	CARROLL				April 17	, 1990	1:56P.M. M
	4. SOCIAL SECURITY NUMBER		,	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	577-01-9872 9a. FACILITY NAME (If not institution, give st	1 M 2 F	79 YRS.	DAYS DAYS	R LOCATION OF DE	June 3,19		shington, D.C.
œ .					na ± dtown		St. Ma	
FUNERAL DIRECTOR	St. Mary 1	s Hospital		Tieor	la Eu COWII		D 0 1 1/16	Ty is
H	10a. STATE 10b. COUNTY	r	10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?
ā	Maryland St. M	lary's	Pine	y Point				1 TYES 2 NO
₩.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	P.O.Box 111 Cla				20674		U.S.A	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 Y NO	ti yes, spe	city Cuben, Mexical	IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	n or No— 14. I	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES 21	1 TYES	2 NO Specify	7		Specify: white
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUSTI	AY.
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mod stired.)	st of working	0.00		
길	8		Bookkeep	er		Retail	Store	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE C	Joseph Belintende	<u> </u>			Frances	Nicastr	0	
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
F	George J. Carroll		7204 D	onne11	P1. #C6	Forestvil.	le, MD.	20747
	20a. METHOD OF DISPOSITION 1 ▼ Burial 2 □ Cremation 3 □ Rame		other place)				CATION — City	
	4 Donation 5 Other (Specify)	\rightarrow 1	Mt Blive	t Cemet	ery	Was	hington	D.C.
	21. SIGNATURE OF FUNERAL SERVICE LIC	14	//		D ADDRESS OF FA		4308 5	uitland Rd.
_	> pofeet (Welle	141	Robert	E. Wilh	elm, Inc.	Suitla	nd. MD. 20746
	23. PART I. Enter the diseases, or o	Complications that caused List only one cause on e		antar the mo	da of dylng, sucl	h as cardisc Dr reap	iratory arrest,	Approximate Interval Between
	IMMEDIATE CALISE (Final							Onset and Death
	disesse or condition reaulting in death)	. Adult Pesp	cratory D	istrem !	amorer	ny		
	1190-12-10-10-10-1	b. Hypo Len Due TO (OR AS A	CONSEQUENCE OF):	0 -				
Z	Sequentially list conditions,	6. Hypoten	some she	el h	moun			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	c. Post-op	CONSEQUENCE OF):	0 (001	acle t		24h.
윤	CAUSE (Disease or injury that initiated events	DUE TO (OA)AS /	CONSEQUENCE OF:	X NN	nex or	2 sarricle	m	
	resulting in death) LAST	· Fibrani	Sund.					
CE								
AL	PART II. Other significant condition	s contributing to death b	out not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	COPD					1 YES	2 🗌 NO	OF DEATH?
ME						_		1 TYES 2 NO
SICIAN:								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			<u></u>
ΙλS	1 🏋 YES 2 🗌 NO	1 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY	patient 3 DOA 4			6 Other (Specify) 26d. DESCRIBE HOW	IN HIEV OCCUPY	-
РНУ	1 Natural 5 Pending	(Month, Day, Year)	INJUR	TY WO	PRK?	280. DESCRIBE NOW	INJUNT OCCUM	
BY	2 Accident Investigation	28e. PLACE OF INJURY	/ — At home form stre			261, LOCATION (Street	and Number or S	lural Pouta Number
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec		ou, motory, other		City or Town, State		arear Product Petitions,
COMPLETED	29a, CERTIFIER						50 - Out -	
MP	(Check only 1) CERTIFYING PHYS	ICIAN: To the best of my know ER: On the basis of examination						hatete se renner has feleras
00				my opinion, c				
BE	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			SNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 97) /See D	rint)	10013	80	7'	. 10
					1/2 00/	۲۵		
	31. DATE FILED (Month) Dog Chan	enwick M.D.	Leonar	cdtown.	Md. 206	50		
	APR 25 90	guna Laurdon	Madana					1

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, L	Nin	PERVA	C05	TNER	2. DATE OF DEATH DO		an 0750
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birthdey) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	240-40-6953 Sa. FACILITY NAME (If not institution, g		70	9b. CITY, TOWH	OR LOCATION OF DE	5/22/1913 EATH	9c. COUNTY	N.C.
Choff	Union Hospital	of Cecil Cou	inty	Elkt	on		Cec	il
Ш	RESIDENCE OF DECEDENT 10e, STATE 10b, CO			Y, TOWN OR LOC	ATION			10d. INSIDE CITY
DIR	Maryland Ce	cil		lkton				LIMITS?
AL	100. STREET AND NUMBER				Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
VER.	99 North Simper	s Road			21921			.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	ECENDENT OF HISPAI Specify Cuben, Mexico S 2 NO Specif	NC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 14.	RACE — American Indian, Black, White, etc. Specify: white
ED	15. DECEDENT'S (Specify only highest of		16e. DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b. KIND OF BU	SINESS/INDUS	
LET	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)		77		
COMPL	17. FATHER'S NAME (First, Middle, Last	N/A	nome	maker	18 MOTHER'S NA	Home ME (First, Middle, Melden	Sumama)	
S	Morris Alexa					Reynolds	our normal	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Co	de)
F	Mary Ellen H					kton, Mary	rland	21921
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3	Removal from State	20b. PLACE OF DISPOS other place)					or Town, State
	4 Donation 8 Other (Specify)	z ucensel/	Unio	on Ceme	CETY AND ADDRESS OF FA		ton, M	aryland
	N1. 4 1	19			ch Funera			
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	1:	rosch.	(inf	Parc	Onset and I
CE		d						
DICAL	PART II. Other algnificant cond	itions contributing to death	n but not resulting	in the underlyi	ng cause givan in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
N: MED								1 TES 2 NO
1.4	25. WAS CASE REFERRED TO MEDIC/ EXAMINER?				PLACE OF DEATH (C/	eck only one)		1 TES 2 NO
SICIAN:	EXAMINER?	HOSPITAL:		OTHER: 4 Nursing Ho	ome 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural a Pending	HOSPITAL: 1 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Dey, Year	Y 285 TIM	OTHER: 4 Nursing Ho IE OF 28c. II			INJURY OCCUP	
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 11 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea Blon 28e. PLACE OF INJUR building, etc. (S	RY 28b. TIM	OTHER: 4 Nursing Ho IE OF	ome 5 Residence NJURY AT VORK? YES 2 NO	6 Other (Specify)	end Number or	RED
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural a Pending 2 Accident Investiget 3 Suicide 6 Could no 4 Homicide determine 29e. CERTIFIER (Check only	HOSPITAL: 11 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea Blon 28e. PLACE OF INJUR building, etc. (S	TY 28b. TIM IN. JRY — At home, farm, specify)	OTHER: 4 Nursing Ho IE OF 28c. H V M 1 street, factory, of	ome 5 Residence NJURY AT YORK? YES 2 NO Tice	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and ma	end Number or) nner as stated.	Rural Route Number,
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural a Pending 2 Accident Investiget 3 Suicide 6 Could no 4 Homicide determine 29e. CERTIFIER (Check only	HOSPITAL: 11 Inpatient 2 = ER/O 28e. DATE OF INJUR (Month, Dey, Yee. 18 be bed 28e. PLACE OF INJUR building, etc. (S) PHYSICIAN: To the best of my kn MINER: On the basis of examina	TY 28b. TIM IN. JRY — At home, farm, specify)	OTHER: 4 Nursing Ho IE OF 28c. H V M 1 street, factory, of	ome 5 Residence NJURY AT YORK? YES 2 NO Tice	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(e) and ma	end Number or) nner as stated. nd due to the c	Rural Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural a Pending Investigat 2 Accident 3 Suicide 6 Could no determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. NO ATUBÉ AND TITLE OF CERTIFIER	HOSPITAL: 11 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea. 28a. PLACE OF INJUR (Month, Day, Yea. 28a. PLACE OF INJUR (Month, Day, Yea. 38a. PLACE OF INJUR (MINER: On the basis of examina	IRY — At home, farm, poechy) Nowledge, death occurrition end/or investigation	OTHER: 4 Nursing Ho IE OF 28c. II M 1 street, factory, off red at the time, da on, in my opinion,	ome 5 Residence NJURY AT YORK? YES 2 NO fice Ite end place, and due, death occured at the	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(e) and ma	end Number or) nner as stated. nd due to the c	RED Rural Route Number,
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural a Pending Investiget 2 Accident Investiget 3 Suicide 6 Could no determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	HOSPITAL: 11 Inpetient 2 = ER/O 28a. DATE OF INJUR (Month, Dey, Yea. 28a. PLACE OF INJUR (Month, Dey, Yea. 28a. PLACE OF INJUR building, etc. (S PHYSICIAN: To the best of my kn MINER: On the basis of examina TIFIER N WHO COMPLETED CAUSE OF	IRY — At home, farm, poechy) Nowledge, death occurrition end/or investigation	OTHER: 4 Nursing Ho IE OF 28c. II JURY M 1 street, factory, off	ome 5 Residence NJURY AT YORK? YES 2 NO fice Ite end place, and due, death occured at the	6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the cause(e) and ma	end Number or) nner as stated. nd due to the c	RED Rural Route Number, seuse(e) and manner as stat

ì	Je .	the
	aft	3
	Sin	5
	5	pa
	2	1
	high	riely
5	X	g
	Pa	000
	7706	P
	8	2
	8	Ciar
	ate	- NE
1	ific	à
5	D92	ling
	=	oue.
	dea	att
)	he	the
)	app.	À
	=	bed
í	ires	Sign
ĺ	nba	60
	×	ě
1	100	185
ζ	The	te
	ż	fica
•	S	erti
	3	S
)	F	Ē
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after d	CTDR: After this certificate has been signed by the attending physician and completely filled in by the
)	9	A
5	E	OR
NA.	A	5

	1 - STATE REGISTRAR	SIAIE UF I	/ MAKYLANU	RTIF	ICATE	OF DE	H AND	MEN	REG. NO.	- / /	7-1	2856
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH	NV.	YEAR 3	. TIME OF DEATH
	LOREN			CAR	RANZA			4			90	7:24 A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 Y		DER 24 HRS.	(M	TE OF BIRTH lonth, Day, Year)		6. BIRTHPI Country)	.ACE (State or Foreign
	N/A	1 M 2 K F		YRS.		.5			R. 5,199		MARYI	
~	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	OWN OR LOC	ATION OF D	EATN		9c. COU	NTY OF DEA	TN
0	Holy Cross Hos	pital			Si	lver	Sprir	ng		Mor	ntgom	ery
DIRECTOR	10s. STATE 10b. COUNT			10c. CI1	Y, TOWN OR	LOCATION					1	0d. INSIDE CITY LIMITS?
	MARYLAND MONTO	GOMERY		SI	LVER	SPRING	3				1	☐ YES 2 ☐ NO
¥.	10e. STREET AND NUMBER					101. ZIP C				10g. CiTi		AT COUNTRY?
FUNERAL	2316 BLUERIDGE AV						902			L,	USA	
	11. MARITAL STATUS 1.XXNever Married 2 Married	FORCES? 1			If y	es, specify C	uban, Mexic	an, Puai	IGIN? (Specify Year rto Rican, etc.)	or No-	Black,	– American Indian, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			SALVAI					Specify:	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade				USUAL OCCI	JPATION			16b. KIND OF BU	SINESS/INC		
	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	ng most or we	riving.					
MP	N/A			N,	'A				N/A			
8	17. FATHER'S NAME (First, Middle, Last)					18. M			st, Middle, Maiden	Surname)		
H	JOSE CARRANZA 19a. INFORMANT'S NAME (Type/Print)		404	- MAII IN	ADDRESS /	Street and Mus			RIAZA lumber, City or Tow	m Ctata 7ir	Code	
임	JOSE CARRANZA	(FATHE										MD. 20902
	20a METHOD OF DISPOSITION		20b. PLACE	OF OISPO	SITION (Name	of cemetery.	cremetory or				City or Town	
	1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	GA'	TE OI	HEAV	EN CE	METER	Y	SIL	VER S	PRINC	G, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			FRX	ME AND ADD	BESS OF E	CILITY	NS FUNE	RAL H	IOME.	INC.
	Berrym h	1 /100	athi									MD.20901
	23. PART i. Enter the diseases, or shock, or heart failure.				not enter th	e mode of	dying, au	ch aa c	cardiac or reap	iratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	List Only One Car	Dee Oil each Inte	,.								Onset and Death
	diaeaae or condition reaulting in death)	0.	nial cer			ıma						
		DUE TO	(OR AS A CONSE	OUENCE (OF):							
ON	Sequentially list conditions,	b	(OR AS A CONSE	DUENCE (PF):							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONSE	DUENCE C	F):							
H H	reaulting in death) LAST	d										
	PART II. Other aignificant condition	na contributing to	death but not i	reauiting	in the unde	rlying caus	se given li	n Part i	i. 24a. WAS AN			WERE AUTOPSY FINOINGS
2									1 X YES			COMPLETION OF CAUSE
ME												YES 2 NO
ž												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE O	F DEATH (C	Check on	ly one)			
IXSI	1 XYES 2 NO 27. MANNER OF CEATH	1 Inpetient 2	ER/Outpatient 3	DOA 28b. TII		g Home 5 C			Other (Specify) OESCRIBE HOW	IN HERV OC	CHRED	
	1 Natural 5 Pending	(Month, I	19 - 90		JURY A	WORK?		1.00				lean
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY - At he	ome, farm,				261.	by alle	and Numbe		
COMPLETED	4 Nomicide 6 Could not be determined	building	, etc. (Specify)	home					City or Town, State 316 Blue		ge Av	e., Silver
)LE	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of	f my knowledge, de	ath occur	red at the tim	e, data and p	lece, and du	_				Spring, MD
OMI	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/or	Investigat	lon, in my opi	nion, daeth o	coured at th	ne time,	deta and place, a	nd due to t	he cause(a)	and manner as stated.
	291- STUNATURE AND STILL OF CERTIFIE	1	_			29c.	LICENSE NI	UMBER		29d. DA1	E SIGNED	Month, Day, Year)
TO BE	Jul Ja						OCM	E		•	4-20-	90
	30. JYAME AND ADDRESS PERSON W		•									
	Frank J. Pere		AR'S SIGNATURE	111	Penn	Stree	t		Baltin	more,	MD 2	1201
	APR 26'90		a Davidson	200	. 00							
	-000	- 17	I MC KIND AN	- NOW THE								

DHMH-16 Rev 1/89



rson who completed chiavoni

190

PEATN (ITEM 27) (Type, Print)

oz registrar's signature Tulia Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	- A D	11.			2. DATE OF DEATN		3. TIME OF DEATH
	Edna	Mac Div	elblis.	3 Dive	biss		5 90	0438 •
. 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
١.	215-26-8447	1 □ M 2 🛣 F	59 YRS.	MONTHS DAYS	HOURS MIN.			Maryland
)	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
HO H	Washington County	Hospital		Hagers	town		Washi	ngton
DIRECTOR	RESIDENCE OF DECEDENT	v	100 0	TY, TOWN OR LOCA				10d. INSIDE CITY
E					ION			LIMITS?
	100. STREET AND NUMBER	ington	Hè	ncock	. ZIP COOE		10a CITIZEN	1 YES 2 XNO
FUNERAL	14516 Finch Lane			100			100	TOT WHAT GOODSTATE
W I	14 JLO FILICII LAITE	12. WAS DECEDENT EVER II	N II S AOMED	12 WMS DEC	21750	IC ORIGIN? (Specify Yea	USA	. RACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2200	If yes, sp		n, Puerto Rican, etc.)	01100	Black, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	AIE2	1 768	24LINO Specify	ζ.		Specify: White
	15. DECEDENT'S EDU			S USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUS	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	work done during mo use retired.)	ist or working			
旦	In Known		Seamst	ress		Clothin	g Manu	facture
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
BEO	Elmer W. Flower	S			Edith I	Divel		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural F	oute Number, City or Tow	n, State, Zip Co	ide)
2	Larry Everett		14516	Finch L	ane Hanco	ock, Maryl	and 2	1750
	20a. METNOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	201	other place)	SITION (Name of ce	metery, crematory or	20c. LO	CATION — City	y or Town, State
	4 Donation 5 Other (Specify)	M	t.Olivet	Presbyt	erian Cer	netery Han	cock,	Maryland21750
	21. SIGNATURE OF FUNERAL SERVICE LIK	DENSEE		22. NAME A	ND ADORESS OF FAC	Grove F		
	KACL.	DO0-		141 W	est Main	St.Hancoc		
	23. PART i. Entar tha diseasea, or	complications that cause	d tha death. Do					
	shock, or heart failure.	List only one cause on a	ach ilna.					interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Cardiac	ave	st				Mins.
	resulting in death)		1 1					
_		A CUTE	renal	failu	re			l wk.
Ö	Sequantially list conditions, if any, lasting to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	Hepati				I Mo.		
Ē	that initiated evants	DUE TO (OR AS	A CONSEQUENCE	OF):	`_			340
CERTIFICATION	resulting in death) LAST	d. Laenn	2,22	cirrhos	17.			391.
0	PART II. Other significant condition	na contributing to death i	but not resulting	in the underlyin	g causa given in	Part i. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
S	Thromboartope		ulopatt		coholic	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	honatitic ac	whits,	In all a	phosphi	temin	1 🗆 YES 2	NO	OF DEATH?
	type II dids		uyper	a class	00,440	til		1 TYES 2 DVNO
AN	25. WAS CASE REFERRED TO MEDICAL	eces mann	W 1 12	DESCRIPTION OF THE	LACE OF DEATH (Ch	ack anth and	-	
2	EXAMINER?	HOSPITAL:		OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, T	1	JURY AT	28d. DESCRIBE NOW	INJURY OCCUI	RED
	1 Natural 6 Pending	(Month, Day, Year)		NJURY W	YES 2 NO			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	Y — At home, 1erm			28f. LOCATION (Street		Rural Route Number,
띹	4 Homicide 6 Could not be determined	building, etc. (Spe	oc/fy)			City or Town, State)	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	HCIAN: To the best of my know	vierine death occu-	rrad at the time and	and place, and due	to the enurele) and me	Oner se stated	
MP	one)							cause(s) end menner es stated.
	280. SIGNATURE AND THE OF CENTIFIE				29c. LICENSE NUI		_	SIGNED (Month, Day, Year)
BE	& Duyer de Will	ignount	- hus		DARU		▶ 41	15/90

29c. LICENSE NUMBER
D3844

St

W. High

Month, Day, Year)

21750

≥ 4 | 5

MD

WD 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

.7	>	99	2
×	E	0,	ust
0	9	2	Ē
BALLIMORE	20	9	ē
	-	23	늍
9	deat	5	Xa
n	ler	the Mal	76
	ag	A E	JE.
	Our	5 5	nec
	4 1	filled on, o	9
	Į.	ety	=
à.	Mag	Pet New Year	enl
4	Pa	E I	2
8	CU	D C	tic
	8	and of	E
X	2	cian	36
Š	ale	ng .	1
	rtife	g pl	the state
0	85	들	20
2	eat	atte mar	×
'n	he	# Se	흗
5	att	3 9	A
Ö.	St	ned lith	ě
Ö	ujre	Sig	3
#	De	of of	£
_	N. C.	Dept t	23
<	The	at a	E
5	AN:	iffica Str	I I
	SICI	Cen C	1,0
Ō	FF	this	ke
Z	9	ath dath	E
0	NO	r de	80
S	H	E at	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa- be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must by
	70	1 D	=
	Ed	ERA n 7	-
	8	SE	AN
	in in	E P	F
	王	도울	2
	2	23	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ricolottitit		OLITITI I	MIL O	DEATH	NEG. 140	•			
1. DECEDENT'S NAME (First, Middle, Last)		OUGHER			2. DATE OF DEATH	~ 0%	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		1			4-02	7-40	PM		
204.30-6257-A	1 M 2 F		ONTHS DAYS		7. DATE OF BIRTH (Month; Day, Year)	7	BIRTHPLACE (State or Foolign Country)		
9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY	4 m		
	ER NURS \$	COM / 4	102	WASTMI	NSTELL	CA	pron		
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY	10c, CITY.	TOWN OR LOC	CATION			10d, INSIDE CITY		
Maryland Balt	imore		sterst				LIMITS?		
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
435 High Meadow	Rd.			21136		USA			
II. MARITAL STATUS I Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 50 NO	If yes,		NIC ORIGIN? (Specify Year, Puerto Ricen, atc.) y;	s or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US			16b. KIND OF BU	SINESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	inost or working					
12	2		Admi	nistrator	State	of Pen	nsylvania		
7. FATHER'S NAME (First, Middle, Last)				100000000000000000000000000000000000000	AME (First, Middle, Malden				
	homas Kielty				athryn Roc				
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
Mary Filippelli					Reistersto				
te. METHOD OF DISPOSITION Burlet 2 Cremetton 3 Res	movel from State	other place)					y or Town, State		
Donation 8 Other (Specify)	ICENSEE # #	Dt.		S Cemeter		hbald,	eral Chapel		
R. Lany /	ightensial						, Md. 21117		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	car	dur-	coplrus	NOS	clinase 84E		
PART II. Other significent condition	ons contributing to death	but not resulting in	the underly	ring ceuse given in	Part I. 24a, WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
NE WAS CASE RESERVED TO MEDICAL			-	21 105 05 05 05 05 05					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
27. MANNER OF DEATH	28s. DATE OF INJURY	□ Inpetiant 2 □ ER/Outpetient 3 □ DOA ↓ 4 □ Nursing Home 8 □ Residence 8 □ Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DEŞCRIBE HOW IN					NJURY OCCURED		
2 Accident Investigation 3 Suicide 8 Could not be determined determined				YES 2 NO	28t. LOCATION (Street City or Town, State	(Street and Number or Rural Route Number, n, State)			
290. CERTIFIER (Check only	SICIAN: To the best of my kno						cause(a) and manner as stated.		
291. SIGNATURE AND TITLE OF CERTIFI	ER O			29c. LICENSE NU	IMBER	29d. DATE S	BIGNED (Month, Day, Year)		
Allen Y U	OVIRA			711	4.46	14	-25-90		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF C		MO	902	WASH	ING 3	ON RO		
APR 26 90	32. RECIST RARD SIL	MANUAL Mandala				11131			

THE STATE OF THE S

	10	NECTOR: After this certificate has been signed by the attending physician and completely in the first chart with the State Dect, of Health and Mental Hydene prior to burial, cremation, or new	
-00		5 2	
15			
N.		- 8	٠,
	d	3 5	4
	5	er et	
0	3	0 9	
1	8	연 등	
~	듯	P	,
-	9	50	
	60	5 8	
5	Ā	0.0	
2	ase	20	
•	9	전 등	
	P	문음	
)	2	D A	•
Ľ	듶	a te	
_	de	10 E	
0	92	류호	
5	=	20	
r	Table 1	10	
5	S	5 4	
5	ie	Sign	
L	3	5 5	
Ē	2	8	
	100	Sign	
=	92	20	-
4	F	ate	
=	3	S	i
>	3	the str	
L	8	9 4	
)	£	E P	
-	613	70 E	
-	=	A P	
2	2	* 5	
n	H	0 4	
VISION OF VITAL RECORDS, P.O. BOA 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	5	,

31. DATE FILED (Month, Day, Year)

APR 27 '90

2	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN REG. NO.	E			
8	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT				E OF DEATH	W	YEAR	3. TIME OF OEATH	
	Kath	erine	Elizabe	th	Durham			Apr) '	12:20 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDE			OF BIRTH			PLACE (State or Foreign wikadenbach,	
	220-20-7456-D 9s. FACILITY NAME (If not institution, give si	1 M 2 F	85	MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DEA			Oct. 8, 1904 Ge			Gern	rmany			
œ	208 Fulford A				Bel Air					ec. county of or Harford				
2	RESIDENCE OF DECEDENT	v erine			Der wit.				County					
DIRECTOR	10e. STATE 10b. COUNTY	ord County			Y, TOWN C		TION						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE								1 X YES 2 NO	
FUNERAL		208 Fulford Avenue				21014				U.S.A.			WHAT COUNTRY?	
5	11. MARITAL STATUS		T EVER IN U.S. AF					VIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	1			NO If yes, specify Cuben, Mexican, Pt 1 ☐ YES 2 K NO Specify:					Hican, atc.)		Speci		
9	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OF	CCUPATIO	ON ast of worki	ing	18	b. KIND OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	lerk	Do NOT use retired.)					TT 9	Carr	7800m	m+	
N N	17. FATHER'S NAME (First, Middle, Last)			TerK			40 110-	HEDIO	ME /F		Gove	STIMI 6	310	
		oseph	Wai	sbro	a	16. MOTHER'S NAME (First, Middle, Melden Surname) Elizabeth					Simon			
BE	19e. INFORMANT'S NAME (Type/Print) TT	Lendo//7_				R /Streat o	and Alumba				n State 7in		O THOM	
5	Mr. George L. Smith, II 190. INFORMANT'S NAME (Type/Frint) Friend Of 7-2005 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1403 Fallcrest Road, Fallston, Maryland 21(21047				
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometers, cremetors or 20s. LOCATION — City or Town, St													
	1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Bel Air Memorial Gardens Bel Air, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Joseph	SEEJoseph W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funeral Hom							Home				
		een fro			E	50 W	est !	Broa	dway ylan	& Wild 2101	liams	Str	reet	
	23. PART i. Enter the diseases, or of shock, or heart fellure.												Approximate	
H	IMMEDIATE CAUSE (Final disease or condition								Intarval Between Onset and Death					
	disease or condition a. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
z	ARTERIDSCLEROSIC													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	, leading to immediate												
3	CAUSE (Disease or injury	c												
T	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
Ë	Tooding in death) Exci	d												
4	PART II. Other algnificant condition	a contributing to	death but not	reaulting	In the ur	ndariyin	g ceuae	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
2	COPD									PERFORMED?			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	aid s-	TROKE	_						1 TYES 2 TNO			OF DEATH?		
PHYSICIAN: MEDICA	0100												T TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					28. PI	LACE OF I	DEATH (Ch	neck only (one)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	3 DOA	OTHE!		90 5 TVP R	lesidence	8 🗆 0#	ner (Specify)				
¥	27. MANNER OF DEATH	28s. DATE O		28b. TII	AE OF	28c. IN.	JURY AT		r	ESCRIBE HOW I	NJURY OC	CURED		
<u>م</u> >	1 Netural 8 Pending	(Month, I	(Month, Day, Year) INJURY WORK? M 1 YES 2 NO											
D BY	3 Suicide 8 Could not be	OF INJURY — At he, atc. (Specify)	home, farm, street, factory, office 28f. LO				LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	4 Homicide determined													
PL	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated.													
OM	one) 2 MEDICAL EXAMINE	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	BIGHATURE AND TITLE OF CERTIFIE	1 /					29c, LIC	ENSE NU	MBER	-	29d. DAT	E SIGNED	(Month, Day, Year)	
) BE	Dante h. My	melit	du				10	076	44		PAp	ril	27, 1990	
5	MAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (ITE	EM 27) (Typ	e, Print) 9	39-130	70		1		-	_		

Dante U. Monakil, M.D., 622 South Union Avenue, Havre de Grace, Maryland 21078

ATE FILED (Mornith, Day, Year) 32. REGISTRAR'S SIGNATURE

Elie Davidson-Randelle

ę **6**

0 8

e e

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGI REG.	ENE	U	12000	,
		1. DECEDENT'S NAME (First, Middle, Last) CECIL	BURLL		Do	dd	2. DATE OF DEATH		EAR	16.36	
	1	4, SOCIAL SECURITY NUMBER	1 💢 M 2 🗆 F	79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year MAR. 18	8.		E (State or Foreign	
2,3	стоя	Peninsula General			эь. сту, тоwн alisbu	or location of D	EATH	9c. COUNTY Wicomi			
if. Pages 1,	DIRE	10a. STATE 10b. COUNT			LISBUR					INSIDE CITY LIMITS? YES 2 XNO	
sit permit.	ERAL	104. STREET AND NUMBER 1019 SHERWOOD CI	RCIF		1	ef. ZIP CODE 2 180	1	10g. CITIZEN	USA	COUNTRY?	
3746 ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If you, a	CENDENT OF HISPAI specify Cuban, Mexico S 2 X NO Specifi	NIC ORIGIN7 (Specify on, Puerto Rican, atc.	Yes or No- 14.	RACE — A Black, Whi Specify:	merican Indian, ila, etc.	
21203- al or attend for use as	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during n retired.)	TION nost of working		BUSINESS/INDUST		MILE	
hospi ached	COMPL	11 YEARS 17. FATHER'S NAME (First, Middle, Lest)	1 YEAR	ENGI	NEER	18. MOTNER'S NA	ME (First, Middle, Ma				
3 8 6	BE C	JOHN GEO	RGE	DODD		MYRTLE			ELAND)	
retained by 5 should be notified at	10	19a. INFORMANT'S NAME (Type/Print)	Δ			and Number or Rural				003	
ay be		IRMA JEAN MCNELI 20s. METHOD OF DISPOSITION 4/1 SC Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE OF DISPOSE	TION (Name of c	ER DR, SI	20c	LOCATION — City			-
Page 6 may il director, p		4 Donation 5 Other (Specify)		SPRINGHII				HEBRON,	MD		_
death. Pe funeral		· galom. He	lloapy		HOLL 501	and address of fa OWAY FUNE SNOW HILI	RAL HOME RD, SAL	ISBURY,		21801	
. O. BOX 13146, he cannot be executed within Amount and physician and completely filted in the Hyglene prior to burial, cremation, or refugiene traumatic event, the median or other traumatic event, the median	ERTIFICATION	IMMEDIATE CAUSE (Final	a. Brain 5+c DUE TO (OR AS A DUE TO (OR AS A C.	ach lina.	orrhac):		h ea cerdiec or n	espiratory arrest		Approximate Interval Between Onset end Deet	
requires that en signed by of Health and	MEDICAL C	PART II. Other aignificent condition	ns contributing to death b	out not resulting is	n the undarlyi	ng cause given in	PEF	S AN AUTOPSY RFORMED?	COM OF E	RE AUTOPSY FINDINGS ILABLE PRIOR TO INPLETION OF CAUSE DEATH? YES 2 NO	1
has the 23 n 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. i	PLACE OF DEATH (C)	heck only one)				-
VITAL STAN: The la nutificate has he State De or item 2	rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 - ER/Out	petient 3 🗆 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)				
PHYSIC PHYSIC with the with the d.		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY V	YES 2 NO	28d. DESCRIBE H	OW INJURY OCCUP	ED		
TTENDING TOR: After after death 28 is ma	тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — Al home, larm, street, fa building, etc. (Specify)					CATION (Street and Number or Flural Floute Number, or Town, State)			
DIN TO BE	COMPLETED	anal	ICIAN: To the best of my know						ause(s) and	J manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	O BE C	206. SHOMATURE AND TITLE OF CENTIFIE				29c. LICENSE NU	MBER 105	29d. DATE S	10/9	70	-
	F	DR. CHRISTJON HUD				ND, MD	21826		7		
	0	31. DATE FILED (Month, Day, Year) APR 1 1 '90	32 BEGISTRAR'S SIGN								

once.

3	2		100
8	용		9
tain	Sho		5
9	S		2
8	90		9
ŝ.	II.	m	ei.
靐	ă.	ø	Ø.
ES.	医		8
磁	돐	ġ.	挪
猫	To.	r	떝
酒	18	ā.	Æ
7	ĸ	Ψ	3
8	B	E	꾶
5	.55	=	픃
E	lled	3,0	6
10	20	tion	š
this .	stel	THE STATE OF	T.
X	1	9	ě
9	60	100	an .
3	P	M	ž.
8	9	9	Ë
2	cia	ŏ	30
ate	JS.	P	=
100	a	ane	9
26.7	ing	Ž	0
5	900	Ξ	0
jeg	F	EE .	خ
9	5	ž	른
=	3	2	=
4	Pa	4	am
83	ë	eath	22
90	C.	I	9
9	pe	0 :	60
8	935	de	23
100	9	ie i	E
	cat	Sta	를
SIA	2	2	6
S	20	4	ď.
F	Ĕ	*	분
9	ler	朝	6
8	A	9	60
EN	80	the	-
F	5	63	2
8	8	200	- He
7	1	2 1	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical profited at
MIL	S	1	-
980	INE	thic	Z
I	F	×	THE STREET
불	出	Sled	ò
0	0	9	E
-	-	0	_

					91	12861
	1 - STATE STATE OF MARYLAND / DI CER	EPARTMENT OF		MENTAL HYGIEN	E	12001
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF OEATH
	Kathryn Lorraine Dvorak			04 26	90	0640 M
	213 - 30 - 4140 30	YRS. HONTHS DAYS		7. OATE OF BIRTH (Month, Day, Year) 12/13/3:	Cour	HPLACE (State or Foreign aryland
OR	9a. FACILITY NAME (# not institution, give street and number) Union Hospital of Cecil County	96. CITY, TOW Elkt	N OR LOCATION OF DE	ATH	Sc. COUNTY OF Cecil	OEATH
DIRECTOR	10e. STATE 10b. COUNTY 1 Maryland Cecil	Elkton	CATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		101. ZIP CODE		10g CITIZEN OF	1 YES 2 X NO
FUNERAL	2540 Singerly Road		21921		U.S.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES	It yes,	DECENDENT OF HISPAN specify Cuban, Maxican (ES 2 NO Specify		Ble	CE — American Indian, ick, White, etc. White
COMPLETED	(Specify only highest grade completed) [Give	DENT'S USUAL OCCUPA kind of work done during o NOT use retired.)	NTION most of working	16b. KIND OF BUS	INESS/INOUSTRY	
OMI	17. FATHER'S NAME (First, Middle, Last)	Смалет	16. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE C	Earl Magaw			Catherin		att
10		MAILING ADDRESS (Street 540 Singer		Elkton,		1921
	200. METHOD OF DISPOSITION APTIL 30, 1990 206. PLACE OF	DISPOSITION (Name of			CATION — City or	
	1 X Burisi 2 Cremation 3 Removal from State other place)		emetery C		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME H1 (AND ADDRESS OF FACE	or Funeral	s, P.A.	
,	Monaed S. Hickory	Boy	v and Stoc	kton Stree	ets	
	23. PART I. Enter the diseases, or complications that caused the deet shock, or haert fallure. List only one cause on each line.	h. Do not enter tha	mode of dying, suci	n aa cardlec or reapi	ratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	- ()	1	- (t	Onset and Death
	resulting in death) a. Due To (OR AS A CONSEQUE	ENCE OF):	puelo	no cer	usy	
z	andie	(wylh	men !		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ENCE OF):	9	100/00/00/00		
FIC.	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due 10 partial a coversous	ENCE OFI:		/		1
H	resulting in death) LAST	5	m in	A- (Sarling	
	PART II. Other algnificant conditions contributing to death but not rea	witing in the undert	ulag sausa alum la	Part i. 24e, WAS AN	AUTORON O	AL WEBS ALTONOV SHANNON
PHYSICIAN: MEDICAL		oning in the oncorn	and codes given in	PERFOR	IMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
AN	25. WAS CASE REFERRED TO MEDICAL	26	. PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	OTHER:	iome 5 🗋 Residence			
РНУ	(Month, Dev. Year)	-	INJURY AT WORK?	28d. OESCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation		YES 2 NO			
	3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At home building, etc. (Specify)	ı, larm, street, factory, c	office	261, LOCATION (Street : City or Town, State)		I Route Number,
COMPLETED	29e. CERTIFIER (Chark only (C	n occurred at the time i	data and place, and drie	to the cause(a) and man	nner as stated.	
MC	(Check only one) 2 MEDICAL EXAMINER: On the basis of spamination and/or invited					e(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NUM	ABER	29d. DATE SIGN	ED (Month, Day, Year)
TO BI	and Same	m1)	D06181		▶ 04	/26/90
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHYITEM 2	27) (Type, Frint)				

Bridge Street, Elkton, MD

ZI, M.D. 721 Bri 32. REGISTRAR'S SIGNATURE Julia Davidson Fondall

LANZI.

21921

JOSEPH

31. DATE FILED (Morith, Day, Year) APR 2 7 '90

8		-
funeral d		xamina
in by the	removal.	edical a
-	9	E
R: After this certificate has been signed by the attending physician and completely.	I, cremation	te marked or tem 23 shows any injury or other traumatic event, the medical examiner of
and co	pnuja (natic
Sician	prior to	train
P	ene	her
ndin(H	מי
the atte	Мепта	nin
5	and	2
signed	Health	We ar
96	6	cho
has b	Dept.	23
ficate	State	Hen
Serti	部	9
this c	with	dead
After	death	em e
ò	-	-

STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL	HYGIENI REG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last)	DAVIS				2. DATE O	OF DEATH	9	YEAR O	3. TIME OF DEATH 3. TOS AM
	4. SOCIAL SECURITY NUMBER 215-20-8501	5. SEX 6. AGE (In yrs. lest birthdo	MONTHS D	AR IF UNDER 24 HRS. YB HOURS MIN.	7. DATE O	15 18	94	MD Printry	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str CUMBERLAND NUM RESIDENCE OF DECEMENT		ER	96. CITY, TO Cumb	wn on Location of D erland	DEATN		9c. COUNT Al	ry of DE lega	atn ny
DINECTOR	10s. STATE 10b. COUNTY	egany	10c.	city, town on L					T	10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
LONEDAL	100. STREET AND NUMBER 3 Louise Drive				101. ZIP CODE 21502					HAT COUNTRY?
NO. 10	11. MARITAL STATUS t Never Merried 2 Married 3 XXVIII Married 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If ye	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Ri	(Specify Yes Icen, etc.)	or No— 1	14. RACE Black, Specify	American Indian, White, etc.
COMPLETED	ts. DECEDENT'S EDUC (Specify only highest grade of Elementary/Saladary (0-12)		(Give kind life. Do NO	it's usual occu i of work done during ory work	g most of working		KIND OF BUS			stries
	17. FATHER'S NAME (First Hiddle Last) Charles Baker				"Drusea	*Whis	singer	Surname)		
ם סב	190. INFORMANT'S NAME (Type/Print) Mr. Charles F. I		3 Lo	ouise Dr	reet and Number or Rural ive Cumber	rland,	MD 2	. State, Zip (1502	Code)	
	203/METHOD OF DISPOSITION t X Burlel 2 Cremation 3 Remo	val from State	BENEVOI	POSITION (Name)	of cometery, cremetory or hurch Ceme	etery	Ben	evola	ity or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	7 DCa	spel	100	arpelli fi mberland,					
HILLICATION	23. PART I. Enter the diseases, or common to the control of the co	iat only ona ceuse on a	A CONSEQUENCE	_	,	ch ae cargi	ac or respi	ratory srre	et,	Approximate interval Between Onset and Death
CEDI	resulting in death) LAST	l								1
וויייייייייייייייייייייייייייייייייייי	PART II. Other significant conditions OCLO Gue	ge e delilit	out not resulti		lying cause given in	n Part I.	24a, WAS AN PERFOR t YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HISICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NNO	HOSPITAL: 1 Inputient 2 ER/Out	petient 3 🗆 DO	QTHER:	Nome 5 Residence					
מו ביוו	27. MANNER OF DEATN 1 Postural 8 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b.	INJURY	WORK?	28d. DES	CRIBE HOW II	JURY OCCI	URED	
- 1	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, far	rm, street, factory,	office	26f. LOCA City o	TION (Street e or Town, State)	nd Number o	or Rural A	oute Number,
COMPLEIED	anal and	CIAN: To the best of my known: R: On the basic of examination								end menner ee stated.
מנו	296. SIGNATURE AND TITLE OF CERTIFIER	Halu	nov		29c. LICENSE NU	JMBER		29d. DATE	BIGNED /3/	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	chleysl	EATH (ITEM 27)	Type, Print)	land,	Mo	1. 21	sol	<i>, ,</i> ,	
	31. DA WAR (MONING DIE 1990	22/HEGISTRAN'S SIGN	ATTROC							

DHMH-16 Rev 1/89

ID 21203-3146

w	璐	- 88	Ρ.
III.	3	喜	
<u>~</u>	E	50	
\overline{o}	9	5	
5	96	1	
	9	7	
\vdash	€	Jer	
4	dea	Ž	
0	10	100	3
BALTIMORE	1	*	00
-	55	-	2
			ö
		ě	E,
-	E	2	養
-	喜	8	E
9	3	F	5
4	B	8	ial,
'n	20	2	à
4	8	-69	2
×	2	ig.	6
0	윤	S	2
	2	g	9
o.	in or	8	음
٠.	0	B	£
0	att	릁	雪
-	8	92	Aen
5	5	1	P
2	at	5	an
Ö	40	96	垂
ö	20	Dis	lea
ш	귳	5	1
00	N P	peq	-
1	6	SE	leo oe
A	he	4	9
\vdash	-	Safe	stat
5	A	tific	S
11	20	Ser	£
7	3	S	ŧ
0	4	#	3
Z	NG	fle	pat
0	9	A	TO .
S	E	OR OR	fre
=	A	5	90
=	8	R	300
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	7	7	4
1	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 after death, Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill in by the funeral director, page	within 79 hours after death with the State Deot. of Health and Mental Hydlene prior to burial, cremation, or removal.
	30	N	thic
<i>l</i> 1	포	E C	1

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		OF HEALTH OF DEAT		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				0. 0	2.	DATE OF DEATH		3. TIME OF DEATH
	Frances Davis	3					pril 23	. 199	0 8:15 p ^M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	577-56-3640	1 🗌 M 2)([] F	63 YRS.	MONTHS	DAYS HOURS	morra.	(Month, Day, Year)		country) partanburo SC
	9a. FACILITY NAME (If not institution, give s	treet and number)	05	9b. CITY, T	OWN OR LOCATIO			9c. COUNTY	OF DEATH
E E	Southern MD) Hosnita	1 Center	55	Clinto	an.		Davi	nce George's
DIRECTOR	RESIDENCE OF DECEDENT					711		FLI	
2	10a. STATE 10b. COUNTY		1000	Y, TOWN OR					10d. INSIDE CITY LIMITS?
	Tialyland	e Geroges	For	restv:	7				1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY? America
单	2728 Lorring Drive				20747				States of
15	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1			AS DECENDENT Of yes, specify Cube		ORIGIN? (Specify Yes warto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc.
Æ	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES	1 [YES 2X NO	Specify:			specify: Black
60	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCC	UPATION	-	16b. KIND OF BUS		
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	work done du se retired.)	ring most of workin	g		0.00	10-
12	11th orade	Conege (1-4 of 5+)	Housewi	fe			N/A		
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		THOOSEWI	10	18. MOTH	HER'S NAME	(First, Middle, Maiden	Surname)	
	Jesse Morrow				Mari	iah Wa	11ace		
BE	19a. INFORMANT'S NAME (Type/Print)		19th, MAILING	ADDRESS (Street and Number	or Rural, Roya	Number, City or Town	, State, Zip Co	de)
유	Diane Ross		Forre	Lorrii stvil	ng Drive le. Mary	vland	Number, City or Town 20747		
	20a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Ram	numl from State	20b. PLACE OF DISPO				20c, LO	CATION City	or Town, Blata
	4 Donation 5 Other (Specify)	OVAIL FROM SUITA	Lincoln M	emoria	il Cemet	ery	\$uit]	land,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE ES	CENGEE	1 12 30		AME AND ADDRES				
	1/ stward	w. Ja	mes	3/	H. Bacoi 47 14th	Stree	eral Home	Washin	gton,D.C.
	23. PART I. Enter the diseases, or								, Approximata
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one couse	on each ilne.	0	1				Interval Between Onset and Death
	disease or condition resulting in deeth)	Cosp	cratory	-ta	duce	-			
	resulting in deeth)	no) or aud	AS A CONSEQUENCE O	PS:					
z		b. Meta	boby +	teid	2,20				
E	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE O	NF):					
2	CAUSE (Disease or Injury	a Telna	AS A CONSEQUENCE O	W-2					
E	that initieted events resulting in death) LAST	-	he has	4					İ
CERTIFICATION		d.							
CAL	PART II. Other significant condition		ath but not resulting	in the und	erlying cause	given in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO
	Alcohol 1	Abuse 1					_ 1 _ YES 2	™ NO	COMPLETION OF CAUSE OF DEATH?
MEDIC							_		1 TES 2 NO
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF D	EATH (Check	only one)		
YSI	1 TES 2X NO	1X Inputient 2 🗆 EF		4 🗆 Nursi	ng Home 5 🗆 Re				
H	27. MANNER OF DEATH 1 X Natural 5 Pending	26a. DATE OF INJ (Month, Day, 1		ME OF	Rec. INJURY AT WORK?		Bd. DESCRIBE HOW I	NJURY OCCUP	RED
B	2 Accident Investigation			-	1 YES 2	_			
5 1 144	2 DACCIONIN	00. 01 100 05 1		Street, racto	ry, omce	2	Bf. LOCATION (Street a City or Town, State)		Hurai Houta Number,
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, farm, (Specify)						
	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)						
	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	building, etc.	knowledge, death occur	red at the tin				nner as stated.	
COMPLETED	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 UIDIGAL EXAMIN	BICIAN: To the best of my	knowledge, death occur	red at the tin	inion, death occu	red at the tim	ne, data and place, an	nner as stated.	ause(s) and menner as stated.
	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	BICIAN: To the best of my	knowledge, death occur	red at the tin	inion, death occu	red at the tim	ne, data and place, an	nner as stated.	
BE COMPLETED	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDIGAL EXAMIN	building, etc.	(Specify) knowledge, death occur ination and/or investigat	red at the tir	inion, death occu	red at the tim	ne, data and place, an	nner as stated.	ause(s) and menner as stated.
E COMPLETED	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 UIDIGAL EXAMIN	building, etc.	(Specify) knowledge, death оссии ination and/or investigat DF DEATH (TTEM 27)/1/1/2	red at the tir	inion, death occu	red at the tim	ne, data and place, an	nner as stated.	ause(s) and menner as stated.
BE COMPLETED	3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDIGAL EXAMIN	building, etc.	knowledge, death occur ination and/or investigat DF DEATH (ITEM 27)/15/2	red at the tir	29c. LIC	red at the tim	ne, data and place, an	nner as stated.	ause(s) and menner as stated.

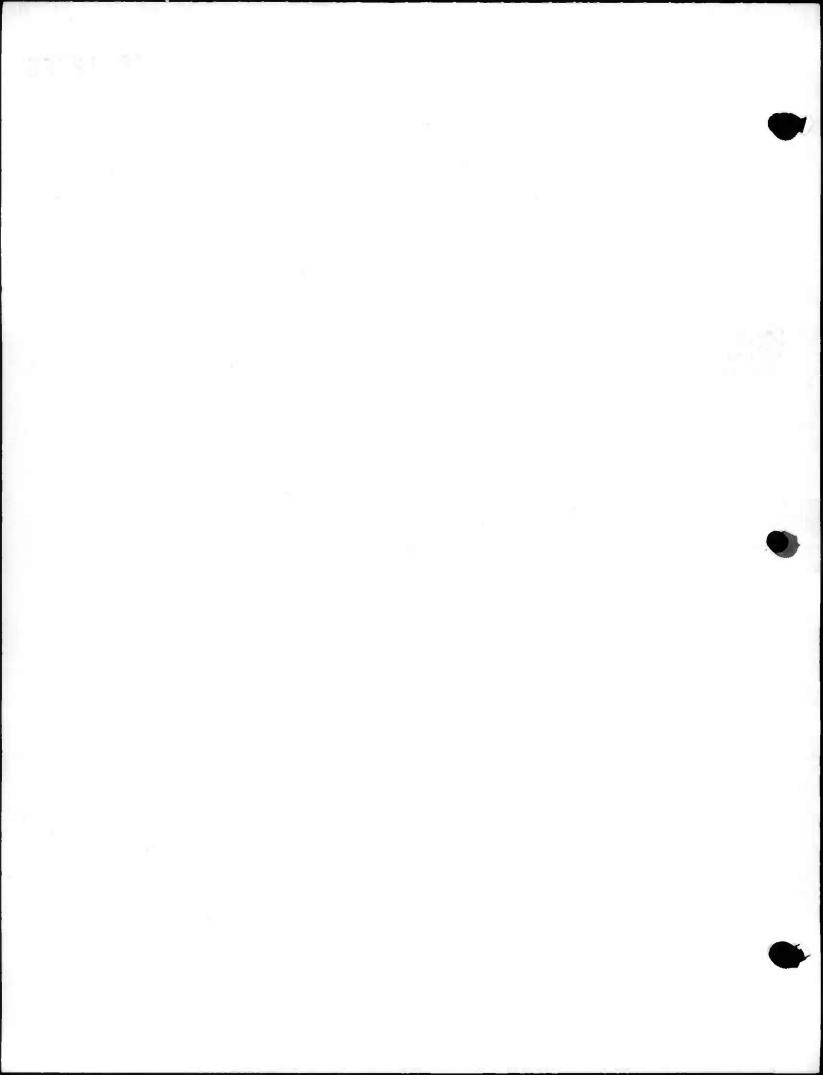
50		
8		- 1
ä	_	
ia.	鱛	
悪	悪	ĸ.
隁		夓
18	L	題
18	30	좱
150		100
96		
2		=
용		副
dire		-
Bral		the medical examiner must be notified
Ş		Xa
를	Dead	-
2	6	음
		E
7	io	2
tely	mat	7,
AGE.	CIE	Ve.
8	rial	3
and	20	nat
Sian	10 to	Tie.
ysic	P	ury, or other traumatic event
0	iene	8
din	2	2
atte	Ta.	χ,
ap.	Me	희
3	and	=
Den	#	a
Sig	Hea	3
Deen	0	충
as t	Dept	23
his certificate has been signed by the attending physician and completely the funeral director, page 5 shours in the same as to	with the State Dept. of Health and Mental Hygiene prior to burial, cremation , emoval.	ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified as decendary
ifica	S	=
Cert	THE	0,
32.	Mit	9

31. DATE FILED (Month, Day, Year)

Lulia Savidson-Randolle

	1 - STATE OF MARYLAND / DEPAR STATE OF MARYLAND / DEPAR CERTIF		F HEALTH OF DEAT		MENTAL HYGIEN REG. NO.	E		1200
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	Jesse (N.M. Is) DePriest				04 25			:20P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	578-1.2-7994-A 1X M 2 □ F 73 YRS.	MONTHS D	ATS HOURS			1916		ell. N.C.
	99. FACILITY NAME (If not institution, give street and number) Doctor's Hospital		OWN OR LOCATION	ON OF DE	ATH		NTY OF DE	
5	RESIDENCE OF DECEDENT	Lanha	4111			Prin	ice G	eorge's
EC	10a. STATE 10b. COUNTY 10c. CIT	Y, TOWN OR I	LOCATION					10d. INSIDE CITY
DIRECTOR	Maryland Prince George's Gler	nn Dal	е					LIMITS?
AL.	10e. STREET AND NUMBER		10f. ZIP CODE					HAT COUNTRY?
FUNERAL	12111 Daisy Lane		20769	9		U.:	S.A.	
E I	11. MARITAL STATUS 1 Never Merried 2 M Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO				IC ORIGIN? (Specify Yee , Puerto Ricen, atc.)	or No—	14. RACE Black,	- American Indian, White, atc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced WW		YES 2X NO	Specify:			Specify	White
	15. DECEDENT'S EDUCATION 18e. DECEDENT'S	USUAL OCCL	JPATION		18b. KIND OF BUS	INESS/IND	OUSTRY	
E	(Specify only highest grade completed) (Give kind of	work done duri	ng most of workli	ng				
1PL	7th Grade None Agricult	ure D	epartm	ent	Agricult	ure	Depa	rtment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Meiden			
BE (Samuel DePriest		Mat	ttie E	Bell Quales	5		
TO B					loute Number, City or Town			
-				_	n Dale, M			20769
	20s. METHOD OF DISPOSITION N Burlel 2 Cregnetion 3 Removal from State 4 Donetton 5 Other (Specify)	SITION (Name	of cemetery, cren	netory or			City or Tow	
	4 Donetton 5 Of the (Specify)			SS OF FAC				Maryland
	· Mark & Bulson	Fra 473	ncis Ga 9 Batlir	nore	Sons Fu Ave. Hya	neral ttsvi	Homille, N	ne, P.A. Md. 20781
	23. PART I. Enter the diseases, or complications that caused the desth. Do shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Car Cironio O		houg	ing, such	a a cerdiec or reapl	ratory ar	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	opty.	Ecolo. Polos	ne	J. Asta	vel		
_	PART II. Other significant conditions contributing to death but not resulting	in the unda	riying cause	given in i	Part I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
CA	Anemia .				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA						□ NO		OF DEATH?
Z ::					-			
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF D	EATH (Che	eck only one)			
SIC	EXAMINER? 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA	OTHER:	g Home 5 🗆 Re	ealdence	8 Other (Specify)			
PH	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) IN	ME OF 26	c. INJURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ	1 Netural 8 Pending 4-25-90	M	1 TYES 2/5	ON D				
	3 Suicide 8 Could not be 4 Homicide 8 determined 28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, factory	r, office		28f. LOCATION (Street a City or Town, State)	and Numbe	r or Aural Ad	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigate							and menner ee stated.
BE CC	296. SIGNATURE AND TITLE OF PERTIFIER OR V. POOCHI,			ENSE NUM		29d. DAT	TE SIGNED	(Month, Day, Year)
9	D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TIPE					1	1-11	, - 10
	Vicken K. Poochikian, M.D. 5632		polis R	nad	Bladenshi	ira	Mars	dand 20710
						1 4	sticit)	14114 20/10

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN			OF DEATH		NEN.	REG. NO.	Ė		
1. DECEDENT'S NAME (First, Midd	fle, Last)							ATE OF OEATH	,	YEAR	3. TIME OF DEATH
(AKA Lesa) I	isa	C.		Dea	1			4-22-90°	'	TEAR	12:20PM M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	yrs. last birthdwy)	IF UNDER 1 1	YEAR IF UNDER	R 24 HRS.		TE OF BIRTH lonth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
577 92 9942	1 □ M 2 🂢 F	26	YRS.		MYS HOURS	more.		v 22, 19	63		.,D.C.
9a. FACILITY NAME (If not instituti					OWN OR LOCATI	ION OF DE	ATH			NTY OF D	
7530 Annapol				I	anham				Pri	ince	Georges Co.
RESIDENCE OF DECED	COUNTY		10c. CIT	Y, TOWN OR	LOCATION		-				10d. INSIDE CITY
7530 Annapol RESIDENCE OF DECED 100. STATE 100. MARYLAND PR	INCE GEORGE:	S	Ft.	Washi	ngton						LIMITS?
			1		10f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
2207 Tucker R	oad				20	744			UNI	TED	STATES
10e. STREET AND NUMBER 2207 Tucker R 11. MARITAL STATUS 1. Never Married 2 (X Marr	12. WAS DECEDE			13. WA	S DECENDENT	OF HISPAN	IC OR	IGIN? (Specify Yea	or No-	14. RAC	E — American Indian,
	led FORCES? IF YES, GIVE	1 YES		1 E	es, specify Cube	en, Mexicar Specify	n, Puei C	rto Rican, etc.)		Spec	k, White, etc.
3 Widowed 4 Divorced										Bla	ick
	IT'S EDUCATION nest grade completed)	_10	6a. DECEDENT'S (Give kind of t	work done dur	UPATION ing most of world	ing		16b. KIND OF BUS	INESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or s		Me. Do NOT us					EROL'S	UIDE	ים פיז	ODE
12 17. FATHER'S NAME (First, Middle,	I and	1	MANAGER			THE STREET	ME (F)	st, Middle, Maiden		10 21	UKE
					26.00			YOUNG	Sumame)		
19a INFORMANT'S NAME (Non/E			19h MAILING	ADDRESS (lumber, City or Town	State 7k	n Code)	
JULIA PLUMMER		R						OSC Oxor			20745
20a. METHOD OF DISPOSITION		20b. P	LACE OF DISPOS				11 3				own, Steta
1 Burial 2 Cremetion 3 4 Donation 5 Other (Spe	city) 4/27/90	0	ther place) MONY ME							-	ARYLAND
21. SIGNATURE OF FUNERAL SE		2 /			ME AND ADDRE	ESS OF FAC	CILITY			-,	
1 > ///. /	1 A	1. 1/	M859					PE FUNER			
23. PART i. Enter the dises	eas or compilesticate th		he death De a	1 26	17 Peni	nsylv	an	ia Avenu	ie, St	<u>DC</u>	20020
				antar th	a made of the	don aucl	h an c	endles or resol	retory ar	rest	Annovimete
shock, or heart	failure. List only one co	ause on eec	h line.	not enter th	e mode of dy	ring, sucl	h as c	cardisc or respi	ratory ar	rest,	Approximate Interval Between
shock, or heart IMMEDIATE CAUSE (Finsi disease or condition	failure. List only one co	ause on eec	h iine.							rest,	
shock, or heart IMMEDIATE CAUSE (Finsi	fallure. List only one constitution Shotg	un wou	nds to	head,						rest,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth)	fallure. List only one constitution Shotg	un wou	h iine.	head,						rest,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth)	Shotg	UN WOU	nds to	head,						rest,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth)	Shotg	UN WOU	nds to	head,						rest,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth)	Shotg a. OUE 1	UN WOU TO (OR AS A C	nds to	head,						Test,	Interval Between
IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth)	Shotg a. OUE 1	UN WOU TO (OR AS A C	h line. Inds to CONSEQUENCE O	head,						rest,	Interval Between
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth)	Shotg a. Shotg oue 1 c. Due 1 d.	BUSE ON BEECH	h line. Inds to ONSEQUENCE O ONSEQUENCE O	head,	chest	and	rio	ght fore	AUTOPSY		Interval Between Onset and Death Onset and Death
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	Shotg a. Shotg oue 1 c. Due 1 d.	BUSE ON BEECH	h line. Inds to ONSEQUENCE O ONSEQUENCE O	head,	chest	and	rio	ght fore	AUTOPSY MED?		Interval Between Onset and Death Onset and Death b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	Shotg a. Shotg oue 1 c. Due 1 d.	BUSE ON BEECH	h line. Inds to ONSEQUENCE O ONSEQUENCE O	head,	chest	and	rio	ght fore	AUTOPSY MED?		Interval Between Onset and Death Onset and Death were autopsy findings awalable prior to completion of cause of Death?
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth)	Shotg a. Shotg oue 1 c. Due 1 d.	BUSE ON BEECH	h line. Inds to ONSEQUENCE O ONSEQUENCE O	head,	chest	and	rio	ght fore	AUTOPSY MED?		Interval Between Onset and Death Dea
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth)	Shotg a. Shotg oue 1 c. Due 1 d. onditions contributing in	BUSE ON BEECH	h line. Inds to ONSEQUENCE O ONSEQUENCE O	head,	chest	and	ric	ght fore	AUTOPSY MED?		Interval Between Onset and Death Onset and Death a. Were Autopsy Findings AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth)	Shotg a. Shotg oue 1 c. Due 1 d. onditions contributing to	UN WOU TO (OR AS A C	nds to onsequence o onsequence o onsequence o onsequence o	head,	chest	given in	ric	ght fore 24e. WAS AN PERFOR 1 X YES 2	AUTOPSY MED?		Interval Between Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death De
Sequentially list conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	Shotg Shotg Shotg OUE 1 c. DUE 1 d. onditions contributing to the shot of the shot	UN WOU TO (OR AS A CO	nds to onsequence o onsequence o onsequence o onsequence o	head, F): F): In the under OTHER: 4 Number REOF 12	chest ch	given in	Part i	ght fore 24e. WAS AN PERFOR 1 X YES 2	AUTOPSY MED?	241 eo St	Interval Between Onset and Death Dea
Shock, for heart IMMEDIATE CAUSE (Finsi disesse or condition resulting in deeth) Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in desth) LAST PART II. Other significant of EXAMINER? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Shotg a. Shotg oue 1 c. Due 1 d. onditions contributing to the shots of the sho	UN WOU TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO TO (OR AS A CO	nds to onsequence o onsequence o onsequence o onsequence o onsequence o	head, F): F): OTHER: 4 Number 2	chest erlying cause 26. PLACE OF	given in	Part :	ght fore 24a. WAS AN PERFOR 1 X YES 2	AUTOPSY MED?	241 eo St	Interval Between Onset and Death Death and Death Death and Death Death and Death Death and Death Death and Death Death and Death Death and Death Death and Death Death and Death Deat
Shock, for heart IMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) Sequentielly list conditions If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Shotg a. Shotg a. OUE 1 c. DUE 1 d. OUE 1 d. HOSPITAL: 1 Inpatient 2 28a. DATE 4 4-22 28e. PLACE	O (OR AS A CO) TO (OR AS A CO)	nds to onsequence o onsequence o onsequence o onsequence o onsequence o and resulting	head, F): F): other	chest ch	given in	Part i	24e. WAS AN PERFOR 1X YES 2	AUTOPSY MED? ON O	24t	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset
Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence 2 Accident Investigations of the significant of the significan	Shotg a. Shotg oue 1 c. Due 1 d. Onditions contributing to the short of the sho	OF INJURY—9, site. (Specify	nds to onsequence o onsequence o onsequence o onsequence o and resulting lent 3 DOA 28b. Till IN. 11: At home, farm, Video S	head, F): F): In the under the of Juny 200 AN, estroct, factore	chest ch	given in	Part : 28d. St. 28f. Erro	ght fore 240. WAS AN PERFOR 1.XXYES 2 Whoer (Specify) DESCRIBE HOW H UDGETION (Street as City or Town, State) OLS Vide	AUTOPSY MED? NO Vide NJURY OF Shot	244 COUREO To or Rural COTE	Interval Between Onset and Death Death Onset and Death Onset a
Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence 2 Accident Investigations of the significant of the significan	Shotg a. Shotg oue 1 c. Due 1 d. Onditions contributing to the short of the sho	OF INJURY—9, site. (Specify	nds to onsequence o onsequence o onsequence o onsequence o and resulting lent 3 DOA 28b. Till IN. 11: At home, farm, Video S	head, F): F): In the under the of Juny 200 AN, estroct, factore	chest ch	given in	Part : 28d. St. 28f. Erro	ght fore 240. WAS AN PERFOR 1.XXYES 2 Whoer (Specify) DESCRIBE HOW H UDGETION (Street as City or Town, State) OLS Vide	AUTOPSY MED? NO Vide NJURY OF Shot	244 COUREO To or Rural COTE	Interval Between Onset and Death Death Onset and Death Onset a
Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence 2 Accident Investigations of the significant of the significan	Shotg a. Shotg oue 1 c. Due 1 d. Due 1 d. Hospital: 1 Inpatient 2 28a DATE 4 4 - 22 28a DATE 4 4 - 22 28a DATE 4 28a PLACE 2 28a PLACE 2 28a DATE 4 4 - 22 28a DATE 4 28a DATE 4 4 - 22 28a DATE 4 28a DATE 4 28a DATE 4 4 - 22 28a DATE 4 28a DATE 4 4 - 22 28a DATE 4	UN WOU TO (OR AS A CO	nds to onsequence o onsequence o onsequence o onsequence o not resulting lent 3 □ DOA 28b. TIM 11: At home, farm, Video S dge, death occurr	head, F): F): OTHER: 4 Nursir OOAN street, fector ctore	chest 26. PLACE OF (g Home 5 R BC. INJURY AT WORK? 1 YES 2] y, office	given in	Part i	ght fore 24e. WAS AN PERFOR 1XIVES 2 When (Specify) DESCRIBE HOW II Ubject S LOCATION (Street of City or Yourn, State) ols Vide	AUTOPSY MED? NO Vide NJURY OC Shot	241 eo St course or or Flural core	interval Between Onset and Death Death of the property of the
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence EXAMINER? 28. CERTIFIER Check only one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one)	Shotg a. Shotg OUE 1 c. DUE 1 d. Out 1 d.	UN WOU TO (OR AS A CO	nds to onsequence o onsequence o onsequence o onsequence o not resulting lent 3 □ DOA 28b. TIM 11: At home, farm, Video S dge, death occurr	head, F): F): OTHER: 4 Nursir OOAN street, fector ctore	chest ch	given in	Part :	ght fore 24e. WAS AN PERFOR 1XIVES 2 When (Specify) DESCRIBE HOW II Ubject S LOCATION (Street of City or Yourn, State) ols Vide	AUTOPSY MED? NO Vide NJURY OC Shot	24l eo St course or or Rural core anyla	interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset on Death? XX yes 2 \(\text{No} \) Core Route Number, 7530 Annapo. and, Prince George
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant of the EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Nervoria 5 Pence Pe	Shotg a. Shotg OUE 1 c. DUE 1 d. Out 1 d.	UN WOU TO (OR AS A CO	nds to onsequence o onsequence o onsequence o onsequence o not resulting lent 3 □ DOA 28b. TIM 11: At home, farm, Video S dge, death occurr	head, F): F): OTHER: 4 Nursir OOAN street, fector ctore	chest ch	given in DEATH (Che teeldence	Part : 28d. St. St. Erro	ght fore 24e. WAS AN PERFOR 1XIVES 2 When (Specify) DESCRIBE HOW II Ubject S LOCATION (Street of City or Yourn, State) ols Vide	AUTOPSY MED? NO Vide NJURY OC Shot	241 eo St course or or Flural core http://colling.	Interval Between Onset and Death Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO Route Number, 7530 Annapo. and Prince Geometry Completion of Cause of Death of Cause
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 25. WAS CASE REFERRED TO ME EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence EXAMINER? 27. MANNER OF DEATH 1 Natural 5 Pence EXAMINER? 28. CERTIFIER Check only one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one) 1 CERTIFIER (Check one)	Shotg a. Shotg oue 1 c. Due 1 d. onditions contributing to the large the shoulding stigation and to be mined to the large the shoulding th	OF INJURY -99, afc. (Specify	nds to onsequence o onsequence o onsequence o onsequence o onsequence o and resulting lent 3 DOA 28b. Tilv 11: Al home, farm, Video S dge, death occurrendor impatted	head, F): F): In the under OTHER: 4 Number OOAN street, factor Ctore and at the times, in my opi	chest ch	given in DEATH (Choleeldence ROSE e, and due ured at the	Part : 28d. St. St. Erro	ght fore 24e. WAS AN PERFOR 1XIVES 2 When (Specify) DESCRIBE HOW II Ubject S LOCATION (Street of City or Yourn, State) ols Vide	AUTOPSY MED? NO Vide NJURY OC Shot	24l eo St course or or Rural core anyla	Interval Between Onset and Death Death Onset and Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO Route Number, 7530 Annapo. and Prince Geometry Completion of Cause of Death of Cause
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant of the ceuse of th	Shotg a. Shotg oue 1 c. Due 1 d. Oue 1 d.	OF INJURY -99, afc. (Specify	nds to onsequence o onsequence o onsequence o onsequence o onsequence o and resulting lent 3 DOA 28b. Tilv 11: Al home, farm, Video S dge, death occurrendor impatted	head, F): F): OTHER: 4 Nurser BE OF 2 OOAN street, factor Ctore and at the tim an, in my opi	chest 26. PLACE OF 1 YES 2 27. LIC	given in DEATH (Che testdence AND e, and due uned at the CENSE NUM OCME	Part i	ght fore 24e. WAS AN PERFOR 1XIVES 2 Wone) DESCRIBE HOW II Ubject S LOCATION (Street a City or Yown, State) Ols Vide LANDAN AND dete and place, an	AUTOPSY IMED? NO Vide NJURY OC Shot	eo Stocureo or or Flural core in Collinate te signet 4-23	Interval Between Onset and Death Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Death Onset and Death Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Dea
Sequentielly list conditions if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in desth) LAST PART II. Other significant of the ceuse in th	Shotg a. Shotg oue 1 c. Due 1 d. Onditions contributing to the short of the sho	OF INJURY -99, afc. (Specify	h line. Inds to ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O Inot resulting All home, farm, Int. OVideo S Sige, death occurrend or input of the count	head, F): F): OTHER: 4 Nurser BE OF 2 OOAN street, factor Ctore and at the tim an, in my opi	chest 26. PLACE OF 1 YES 2 27. LIC	given in DEATH (Che testdence AND e, and due uned at the CENSE NUM OCME	Part i	ght fore 24e. WAS AN PERFOR 1XIVES 2 When (Specify) DESCRIBE HOW II Ubject S LOCATION (Street of City or Yourn, State) ols Vide	AUTOPSY IMED? NO Vide NJURY OC Shot	eo Stocureo or or Flural core in Collinate te signet 4-23	Interval Between Onset and Death Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Onset and Death Death Death Onset and Death Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Dea



p 21203-3146

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
val.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, paur	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
rs after death. Page 6 may to	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
BALTIMORE, I	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, La Eleanor	C.	Dent		2. DATE OF DEATH DAY	YEAR 1990 12:	F DEATH		
4. SOCIAL SECURITY NUMBER 213-56-4202			DER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN,	7. DATE OF BIRTH	91 Breslau,	te or Foreign		
9a. FACILITY NAME (If not institution, ghas Rockville Nurseinence of decement	rsing Home		3 Adclare Rd,	-	Md. Mont	gomery		
10e. STATE 10b. COU			n on Location ville, Maryla	nd	10d. INSID LIMIT: 1 X YES	S?		
10e. STREET AND NUMBER 303 Adclare Roa 11. Marital Status	d		10f. ZIP CODE 20850	10	U.S.A.	TRY?		
3 🖔 Widowed 4 🗌 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 NO Specific	in, Puerto Rican, atc.)	No — 14. RACE — America Black, White, atc Specify: Whi	h.		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 0-12 17. FATHER'S NAME (First, Middle, Last)								
17. FATHER'S NAME (First, Middle, Last) Joseph Hayden								
19a. INFORMANT'S NAME (Type/Print) Edward A. Den 20a. METHOD OF DISPOSITION		3324 Run	ness (Street and Number or Rural nymede Place, (Neme of cemetery, crematory or	N.W., Washi		20015		
1 Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify) 21. SIGNATURE CONTROL SERVICE	emoval from State	Georgetown	Univ. Med. Sc 22. NAME AND ADDRESS OF FO Robert G. Ma Washington,	hool Washi courr son Funeral	ngton, D. C Home, Inc.			
IMMEDIATE CAUSE (Finei disease or condition reautting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Arteri DUE TO (OR AS	ary Edema A consequence of: Osclerotic A consequence of: A consequence of:	Heart Disease		One	et and Deat		
PART ii. Other significant condi	d d d d d	but not resulting in the	e underlying cause given is	Part I. 24a. WAS AN AU PERFORME 1 YES 2	D? AMILABLE	PRIOR TO ON OF CAUSE ?		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH (C					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJU	JRY OCCURED			
	building, etc. (Sp	XY — At home, farm, street, ecify)	factory, office	281. LOCATION (Street end City or Town, State)	Number or Rural Route Numb	0f;		
29b. SIGNATURE-AND TITLE OF CERT	HYSICIAN: To the best of my kno MINER: On the basis of axaminst			e time, date and place, and d				
30. NAME AND ADDRESS OF PERCON	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Print	218 6015	CONSIN	Ave B	etto		
APR 26 90	Julia Davidson-Ro	nature ndell						

DHMH-18 Rev 1/89

BALTIMORE MARYLAND 21203-3146	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. As after that the manner of the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ioval,
	in 2 drs ;	ely filled in b	nation, or ren
13146,	executed with	and complete	o burtal, crem
BOX	tificate be) physician	ene prior to
P.0	ath cer	mending	tal Hygi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the de	s been signed by the a	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,
VITAL	ICIAN: The I	certificate has	the State De
NOF	IG PHYS	er this	ath with
ISIOI	TTENDIN	TOR: AN	after dex
Š	OR A	DIREC	hours

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after earth. Page trained by the thors TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M		DEPART				MEN	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) Terry	I	١.	D	eal			2. E	ATE OF DEATH	у у	FAR	TIME OF DEATH 2:20PM M
	4. SOCIAL SECURITY NUMBER 577-90-1809	5. SEX 1 X M 2 F	6. AGE (In yrs. le:		IF UNDER 1 Y		UNDER 24 HRS. URS MIN.	7. 0 O	ATE OF BIRTH Month, Day, Year)		Country)	rly, MD
R	9a. FACILITY NAME (If not institution, give at 7530 Annapolis			1		own on Li	OCATION OF D		1	9c. COUNTY	OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY.	TOWN OR	LOCATION						d. INSIDE CITY
DIRI	Maryland Prince	Georges	EJMI1							LIMITS?		
RAL	100. STREET AND NUMBER		10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							T COUNTRY?		
FUNERAL	1910 Palmer Road	12. WAS DECEDENT	20744 U.S.A. 2. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No							American Indian.		
BY FL	1 Never Merried 2 Merried 3 Midowed 4 Divorced	FORCES? 1] IF YES, GIVE W	YES 2 AR OR DATES	NO	If y	es, specify	Cubsn, Mexico NO Specia	en, Pu	erto Rican, etc.)		Specify: Blac	American Indian, Thite, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. Di	ECEDENT'S U Sive kind of wo a. Do NOT use	SUAL OCCI rk done dun retired.)	UPATION ing most of	working		16b. KIND OF BUS	INESS/INDUS	TRY	
MP	0-12			stodia	an				National		tal	Park
	17. FATHER'S NAME (First, Middle, Last) Thomas Deal								irst, Middle, Maiden : Jarrick	Surneme)		
BE	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (S	_			Number, City or Town	n, State, Zip Co	rde)	
2	Shirley Deal								ington,			
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Remeted Properties 5 Other (Specify)	ovat from State	other p	vlaca)	111-111-1		y, crematory or			CATION — CI		
	21. SIGNATURE OF UNERAL SERVICE LIC											
	Acapa o	De	Whis						Funeral		DC	20020
	23.—PMT I. Enter the disesses, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List oldy one ceus	t Shoto	jun wo	und t			un da	cardiac or reap	atory arrea		Approximate interval Between Onset and Death
ATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF)	:							
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO ((OR AS A CONSE	OUENCE OF)	•							
	PART II. Other significant condition	a contributing to	death but not	resulting in	tha unde	erlying ce	use given ir	Part	I. 24e. WAS AN PERFOR	MED?	Al-	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL												XYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpatient	3 DOA	OTHER:		OF DEATH (C		only one) Other (Specify)	VIDEC	STY	DRE.
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF (Month, Da	INJURY ay, Year)	26b. TIME INJU	OF 20	8c. INJURY WORK?	AT	28d	. DESCRIBE HOW I	NJURY OCCU	RED	
ED BY	2 Accident Investigation XXSuicide 6 Could not be 4 Homicide determined	4-22- 28e. PLACE Of building,	F INJURY — At h etc. (Specify)	ome, ferm, st		y, office	₹₹₹ NO	281	Self inf	nd Number or	Rural Rou	* Number, '530 Annapol
LET	29s. CERTIFIER	CIAN: To the heat of	- knowledge d				niene and du	RO	ad, Lann	am, Ma	ryla	nd, Prince G
COMPLETED	(Check only one) MEDICAL EXAMINE											
BE	200. SIGNATURE AND TITLE OF CERTIFIER	266	4	1		29	c. LICENSE NU OCME			29d. DATE S	4-23	onth, Day, Year) -90
10	Mario F. Golle,		E OF DEATH TIT	EM 27) (Types, /		.11 P	enn St	re	et,Baltin	more,M	ID 21	201
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
	PR 26 '90 4u	ha Davidson	- Handell									

TO BE COMPLETED BY FUNERAL DIRECTOR

or a	or us		
hospita	ched		.00
/ the	e det		t one
ned by	buld b		led a
retail	5 sh		notif
lay be	page		t be
e 6 m	rector,		MUS
Pag.	iral di		liner
death	e fune	-	ехап
s after	Dy 45	етом	dicai
qu	led in	, Or r	THE.
nin	tely fil	пафол	t, th
d with	ыдшо	I, crei	even
xecute	and or	buna	atic
be e	cian	rior to	Iraum
tificate	phys	ene p	ther
th cer	ending	I Hygi	0 10
he dea	the att	Memta	njury,
that t	ed by	th and	amy 1
quires	ngis r	Heal	SMO
aw re	s beer	ept. of	3 sh
The	ate ha	ate De	em 2
CIAN	ertifica	the St	10
PHYSI	this c	with	rked,
DING	After	death	E H
MELL	JOR:	after	28 1
OR A	DIREC	hours	Nem
PITAL	ERAL	22 U	THE
SOH 3	E FUN	1 with	RTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MALESK)
31. DATE FILED (Month, Day,

MAY

A M.D.

Moonders

1 '90

- SIAIE	STATE OF MARYLAND /						
REGISTRAR	CE	HIIFICAL	E OF DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
SUSIE VICTOR	TA DICKERSON 6. AGE (In yrs. les)	t hirthclay) IE IMPE	R 1 YEAR IF UNDER 24 HRS.	APR. 27 F	1990	BIRTHPLACE (State or Foreign	
	□ w 2 V F 8 9	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) NOV. 12,		Country)	
9a. FACILITY NAME (If not institution, give street	t and number)	9b. CIT	Y, TOWN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH	
428 CAMP MEETIN	G GROUND ROA	D PC	ORT DEPOSIT	<u> </u>	CECI	Ţ,	
10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY	
MARYLAND CECI	L	PORT I	DEPOSIT			1 TES XX NO	
10e. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
428 CAMP MEETIN	G GROUND ROA	D	21904		U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPAI If yee, specify Cuban, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, atc.)	RACE — American Indian, Black, White, etc. Specify: WHITE		
15, DECEDENT'S EDUCAT	TION 16e, DE	CEDENT'S USUAL (OCCUPATION	18b, KIND OF BUS	SINESS/INDUST		
(Specify only highest grade cor	mpleted) (Gi life.	ive kind of work done Do NOT use retired.)	during most of working				
UNKNOWN	The second secon	OMEMAKI	GD	HO	ME		
17. FATHER'S NAME (First, Middle, Lest)		011211111	¥	ME (First, Middle, Maiden			
MACK KEEN			MARY	JANE COL	E		
19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING ADDRES	SS (Street and Number or Rural			de) MD	
ERNEST J. DICK	ERSON 4	28 CAMI	MEETING (ROUND RD	POR		
20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (A	lame of cometery, crematory or			or Town, State	
1 Surtel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)			EMORIAL GAI	RDENS BE	T. ATR	MARYLAND	
21. SIGNATURE OF FUNDBAL SERVICE LIGHT	pts /		. NAME AND ADDRESS OF FA	CILITY	-77		
M. The	1//		R.T. FOARI) FUNERAL	HOME		
	-		RISING ST				
23. PART I. Enter the diseases, or con shock, or heart feliure. Lie	nguestione that caused the de et only one cause on each line		r the mode of dying, aud	ch aa cerdlac or reapi	iratory arrest	Approximate Interval Between	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	daysout AH	he nosche	note Car.	eno vasc	. Aiss	9ST	
Touching in death)	DUE TO (OR AS A CONSEC	QUENCE OF):					
	CARMAC	ATTYTO	tum9.				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	QUENCE OF	1 10 11				
cause. Enter UNDERLYING CAUSE (Disease or injury	onge 87 42	Thear	+ fourth				
that initiated events	DUE TO OR AS A CONSEC	QUENCE OF):					
resulting in death) LAST							
PART II. Other aignificent conditions	contributing to death but not r	reauiting in the u	Inderlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
	•			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				1 - YES (NO	OF DEATH?	
						1 TYES 2 NO	
OF MAR CASE DEFENDED TO MENIOR						l	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C)	heck only one)			
	☐ Inpatient 2 ☐ ER/Outpatient 3	DOA 4 N	ursing Home 5 Residence				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED						
Natural 5 Pending Investigation							
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, street, fe	ctory, offica	28t. LOCATION (Street City or Town, State)		Rural Route Number,	
29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowledge, de	ath occurred at the	time data and place and do	to the course(s) and man	nner ee etete d		
anal and	On the basis of examination and/or					ausa(a) and manner as stated	
	1	Modern Street, St. 100					
296. SIGNATURE AND TITLE OF CERTIFIER	1 10		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)	
0000000	100		1501	4	776	1/0'	

Ave. North EAST MD 21901

DHMH-18 Rev 1/89

permit.

the burial-transit

all a	156		
0	lor c		
hospita	ached 1		ce.
8	det		0
à	be		at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within PHYSICIAN: Page 6 may be retained by the hospital or attr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	96		9
шау	or, pa		o ps
age 6	direct		er mu
leath. P	funeral		xamin
after	y the	noval.	cal e
SILIS	I In b	or ren	medi
1	/ fillec	tion,	the
WILDIN	npieteh	crema	vent,
cuted	000 p	wrial,	tle e
96 600	ian ar	1 10	пша
cate t	hysici	e prio	or tra
Sertific	d bull	ygiene	븅
eath (rttend	tal H	f, 0r
the d	the	Mer	Injur
that	ed by	th and	ашу
Juires	ngis r	Heal	SW0
W rei	s beer	pt. of	3 sh
The t	ite ha	ate De	em 2
CIAN:	rrifica	he St	or It
LASK.	iis ce	計	ed,
NG P	fler th	eath v	mark
END	B. A	p Je	-00
ATT	8	s aft	28
8	DIRE	hour	Hem
PITA	ERAL	in 72	五世
HOS	FUN	with	TAN
풀	물	filed	20
2	2	2	Ξ

31. DATE FILED (Month, Day, Year)

90 12869 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY 3. TIME OF OEATH 1030 A.M ERNEST FRANKLIN DORSEY SR 04-15-90 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 66 1 M 2 F 577-20-6396 YRS. 10-10-2 Wash., D.C. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH 3727 Nile Rd. Davidsonville ECTOR AA RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ā Davidsonville 1 YES 2 XNO Maryland Anne Arundel 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21035 U.S.A. 3727 Nile Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS OECENDENT OF HISPANIC ORIOIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Marriad BY Specify: 3 Widowed 4 N Olvorced white ETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 6+) COMPL 8 Boilermaker Construction 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ernest F. Dorsey Turner Alice BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Ernest F. Dorsey Jr. 3727 Nile Rd., Davidsonville, MD. 21035 METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Washington National Cemetery Suitland, Md 21, SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 20746 23. PART I. Enter the diseases, or completions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock to heart feliure. List only one ceuse on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ CARCINOMA OF THE LUNG resulting in death) DUE TO (OR AS A CONSEQUENCE OF): NOI Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CERTIFICAT **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events reaulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Asbestosis COMPLETION OF CAUSE YES 2 NO OF OEATH? 1 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Ho ne 5 Residence 6 🗆 Other (Spec/ly) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28b. TIME OF 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE eputo 90 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 695 America 21033

IONES

Sulia Savidson Randall

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	Middle, Last)	Barbara	a Eliza	beth F	EARDLE	Y		2. DATE	OF DEATH	NY	YEAR	3. TIME OF DEATH
BARBARA	BARBARA EARDLEY						9 11 90				М	
4. SOCIAL SECURITY NUME	MONTHS DAVE MOURS AND (Month, Day, Year) Country				HPLACE (State or Foreign							
		1 M 2 X F	59	YRS.	WOKI NO			Dec.	31,1	930	Mary	land
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH		
117 Calvert	Terra	ace			Hagerstown Washington					on		
10a. STATE	10b. COUNT			10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY
Maryland	Washi	ington		На	gerst	_						1 YES 2 NO
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
117 Calvert Terrace 21740 USA												
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	ARMED NO	lf y		uban, Maxic	en, Puerto	t? (Specify Yer Rican, etc.)	or No	14. RAC Blac Spec Whi				
15 DEC	EDENT'S EDU	CATION	100	. DECEDENT'S	Herrar Occi	IDATION		1 405	, KIND OF BU	CIMPOD (IN		
(Specify onl	y highest grade	completed)		(Give kind of a	work done dur	ing most of w	orldng	100	, KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (t)-t2)	College (1-4 or 5		housew				- 1				
17. FATHER'S NAME (First, M	licidle (aet)	<u> </u>		nousew	116	10.1	CTHED'S N	AME /Floor	Middle, Malden	Sumama)	_	
Harry W. Bo	,									ourname)		
198. INFORMANT'S NAME (105 84411 1510	ADDRESS "		neva .		ber, City or Tow	on Pant -	To Cod-1	
Clifford Ea				117 Ca								
	-		005 Pt									
20a. METHOD OF DISPOSITION \$\times \text{Disposition} 3 \to Remove from State} \\ 4 \to Donation 6 \to Other (Specify) \\ 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Rest Haven Cemetery Hagerstown, Maryland												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
Scott Minniel 415 E. Wilson Blvd., Hagerstown, Md. 21740												
23. PART I. Enter the d	Iseases, pr	complications the	nt Caused the	death. Do i								Approximata
ahock, or h	eart fallure.	List only one ca									,	Interval Between
IMMEDIATE CAUSE (Findisesse or condition	nel	(- 1	^	Α				Onset and Death
resulting in death)	→	a.	ar C	NSEQUENCE O	La.	9	_ (10	NO 1 CA	J			& mont
		DOE IC	(On AS A CO	NSECUENCE U	₹):	(
Sequentially list condit		b	OR AS A CO	NSEQUENCE O	Đ:							
if sny, leading to imme cause. Enter UNDERLY			•		. ,							
CAUSE (Disease or Injuthat Initiated events	ary	C. DUE TO	OR AS A CO	NSEQUENCE O	F):							-
resulting in death) LAS	T T											
		d										
PART II. Other significa	ent condition	ns contributing to	death but n	ot resulting	In the unde	rlying cau	se given l	n Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
									1 TES	170		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED T	O-MEDICAL					26. PLACE	OF DEATH (C	Check only o	ne)			
EXAMINER?		HOSPITAL: 1 inpatient 2	FB/Outpetler	nt 3 🗆 DOA	OTHER:	- H	Residence		(D#-)			
27. MANNER OF DEATH		28e. DATE O		28b. Til		c. INJURY		_	SCRIBE HOW	INJURY O	CCURED	
1 Matural 5	Pending	(Month,	Day, Year)	IN.	JURY	WORK?	2 NO	1				
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — /	At home, farm,	street, factor		- 0,111	26f. LO	CATION (Street	and Numb	er or Rural	Boute Number
4 Homicide	Could not be determined	building	, etc. (Specify)	, , , , , , , , ,	3200				or Town, State			route training,
29a. CERTIFIER	TIEVING SUN	ICIAN, T. II.	A man beautiful									
anal and	100	ER: On the basis of										a) and manner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIE	m / /				290	LICENSE NI	UMBER		29d D4	TE SIGNE	D (Month, Day Year)
Juden of 16 1 MD 1023623 > 4/12/90												
Frederic H. Kass II 1799 Howell del logershown had												
31. DATE FILED (Month, Day.	Year)	32. REGISTR	AR'S SIGNATU	RE	2		, ,,,,,,	,	- 1	, ,	- 4 "	100
APR	12'5	301	gulia De	widson-1	procee	,						

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Mers after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages it be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Julia Davidson-Randall

31. DATE FILED (Month, Day, Year)

APR 12 '90

	FOR 1 - STATE REGISTRAR		STATE OF M	/ARYL					HEALTH DEA		MEN	TAL HYGI				
1	1. OECEOENT'S NAME (First, A	Middle, Last)										ATE OF OEAT	1		3. TIME OF DEA	TH
1	Raymond L	awren	ce Earle								Ap	ril 10	, 199	O YEAR		М
2	4. SOCIAL SECURITY NUMBE	ir.	5. SEX	6. AGE	(In yrs. lest	birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF BIRTH 6. BIRTHPLACE (State or Country)				HPLACE (State or F	oreign
	138-14-6756		1x M 2 □ F 70 YRS. MONTHS					DAYS	HOURS	MIN.	Fel	25,	1920		nnectic	ut
1	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
	Washington (^r Hospita	1			На	ger	stown	1			Wa	ashir	gton	
ı	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									Y						
ł	Maryland Washington Hagerstown 1 VES 2 1 NO															
4464	10s. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY?															
	2309 Rockcli	iff Dr	ive						2	21740)			US	A	
	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER II	N U.S. ARI	MED						IGIN? (Specify		14. RAC	E — American Ind	len,
	1 Never Married 2 X M 3 Widowed 4 Divorce		IF YES, GIVE V		ATES	WIT			S 2 XNC			rto Rican, atc.)	Spec	ellv:	
	The state of the s	DENT'S EOU	CATION					00101							White	
1	(Specify only i	highest grade	completed)		(Gh	CEDENT'S we kind of w Do NOT us	vork done	during n	nost of work	ing		16b, KINO OF	BUSINESS/I	NOUSTRY		
	12 years	12)	College (1-4 or 5	+)	Mac	hini	st					Mac	k Tru	ck		
ı	17. FATHER'S NAME (First, Mid	idle, Last)			Tica	211111			18. MO	THER'S NA	AME (Fi	rst, Middle, Me				
ı	George Ear	le							Ma	rgar	et	Nolan				
ľ	19a. INFORMANT'S NAME (Typ				19b	MAILING	ADDRES	S (Street	_			Number, City or	Town, State,	Zip Gode)		
	Shirley A. Earle 2309 Rockcliff Drive Hagerstown, Maryland 21740															
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State other place) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)															
	4 □ Donetton 6 □ Other (Specify) Cedar Lawn Memorial Park Hagerstown, Maryland															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street															
	Levala 1	1.1	1 www	1/1					al H						Marylan	
1	23. PART I. Enter the dis	ert fellure.	complications the	t cause	d the dec	ath. Do n	ot anter	the m	ode of d	ying, aud	ch aa c	cardiac or r	espiratory a	erreat,	Approxin	
ı	IMMEDIATE CAUSE (Fins	ni													Onset an	
	disease or condition resulting in deeth)	>	a. RESM	1121	7 To	127		AI	101	SB						
1						UENCE OF	F):									
	Sequentially list condition		D. PNEU	OR AS	V (/T	UENCE OF	n:									
ı	If any, leeding to immedicause. Enter UNDERLYIN	VG	ChRO	VIC	OK	tR	UCT	IUB	s h	600	10	LARY	015	19 1981	3	
١	CAUSE (Disease or injury that initiated eventa	Y	DUE TO	(OR AS	CONSEC	UENCE OF	F):	-				4.31.1	310	P//04		
	resulting in death) LAST		d													
	PART II. Other algorifican	at condition	a contributing to	death I	aut not re	anultina i	In the w	adochd	00.001100	aluan In	Boot	1 74- 40	S AN AUTOPS	v na	b. WERE AUTOPSY	PARAMA
ı	TANT III OLIO GIGINIOGI	oonarior	ia continuating to	OGERT E	or not n	sauring i	iii tiie ui	ruot iyii	ng cauae	giveii iii	Part		REORMED?	24	AVAILABLE PRIOR COMPLETION OF	OT F
												1 🗆 YE	S 2 NO		OF OEATH?	
							_								1 YES 2	NO
1	25. WAS CASE REFERRED TO	MEDICAL		_				26. 1	PLACE OF	DEATH (C/	heck on	ty one)				_
ı	EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE	R:				Other (Specify)				
	27. MANNER OF DEATH		26a. DATE OF (Month, L			26b. TIM		28c. IF	NJURY AT		_	DESCRIBE H		CCUREO		-
١		ending nvestigation	(WOTO), L	ray, roar,		1113	M		YES 2	□ NO						
	2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)															
	4 Homicide de	letermined														
ı		FYING PHYS	ICIAN: To the best of	my know	riedge, de	eth occurre	ed at the	lime, da	nte and place	e, and du	a to the	cause(a) and	manner aa s	stated.		
	one) 2 MEDIC	CAL EXAMINE	R: On the basis of a	xaminatio	n and/or l	nvestigatio	in, in my	opinion,	death occ	ured at the	e 1lme,	data and plac	e, and dua to	the cause	(a) and manner as	stated.
-	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	Ma					29c_LI	CENSE NU	MBER	- 1	29d. D	ATE SIGNE	D (Month, Day, Year)
	uli'	1 coppe	//	100	/				L	79	03	212		7-1	1-90	
	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DE	ATH (ITEM	A 27) (Type,	Print)	10	017	4	17	osni	TAI			
H	100	0 0	- 1	00	4/17	1640	LUM	0			_		. / 600	4		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages	1	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be seen.
ay de	pa		3
E 6 H	ector,		SIL
Pag.	ral dir		lner
death	e fune	-	ехат
after	Dy th	emova.	leal
hours	ed in	. Of R	шес
in 24	ely fill	nation	the '
d with	трер	, cren	event
cecute	oo put	punia	atle
90	cian s	ior to	гаит
ificate	phys	ene pr	her t
h cert	ending	Hydi	0r 0
deat	he afte	Mental	nu'i
hat the	by th	and	ny In
ires th	signed	leafth	MS an
Deg.	need :	0	shor
e law	has	Dept	п 23
T. IN	ficate	State	r Ites
YSICI	s cent	th the	d, 0
IG PH	ter thi	ath wi	narke
ENDIN	R: Aff	ter de	3 Is r
R ATT	RECTO	urs af	₩ 28
TAL O	AL DI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Ite
HOSPI	UNER	vithin	ANT
THE !	THE F	filed v	PORT
2	2	2	E

	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF			MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La.	st)	OLITH	.OAIE	J. DEA		2. DATE OF DEATH MONTH DAY	r YE	3. TIME OF	DEATN
	Hilda Est		Q D AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	April 7. DATE OF BIRTH		BIRTHPLACE (State	or Foreign
	202 74 9310	1 - M 2 X-X	58 YRS.	MONTHS D	AYS HOURS	MIN.	(Month, Day, Year)	0	Maryla OF DEATN	
	9e. FACILITY NAME (If not institution, gh				WN OR LOCAT		ATH ZI,			1
20	006 Gallery P				ldorf			Char		
DIRECTOR	Maryland Cha	rles		ty, town or i aldorf					10d. INSIDE LIMITS	7
	10a. STREET AND NUMBER	I Tes.	I Wo	114011	10f. ZIP COL	DE		10g. CITIZEN	OF WHAT COUNT	
FUNERAL	006 Gallery	Place #12	ER IN U.S. ARMED	13 WAS	2060		IC ORIGIN? (Specify Yea	USA	RACE — American	Indian
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If ye		en, Maxicar	, Puerto Ricen, etc.)		Black, White, atc. Specify:	munn,
D BY	3 Widowed XX Divorced (separated) 15. DECEDENT'S E	DUCATION	16a. DECEDENT'S				16b. KIND OF BUS	INESS/INDUST	Bla	ck
COMPLETED	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done duri	ng most of work	dng	Tool Kind of Boo			
MP	6th 17. FATNER'S NAME (First, Middle, Lest)		Home	maker	T					
	James Jo	hnson				inkn	ME (First, Middle, Maiden : DW N	Sumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number	er or Rural R	loute Number, City or Town	n, State, Zip Cod	ie)	
	Francos Esto	P	C / O				#12.		rf. MD or Yown, State	2061
	t M Muriel 2 Cremetion 3 R A Donetion 5 Other (Specify)	emoval from State	other place)				em. Aqu			and
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	~ /	22. NA	ME AND ADDR	ESS OF FAC				
	Mari	ell a	dams	Ac	uasco	Rd.	Aquaso	o. MI	2060	
		or complications that ca re. List only one cause		not enter the	e mode of d	ying, suci	n ss cardiac or respi	ratory arrest,	Interv	oximata /al Between t and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARC	nonesp.	FAIL	NRE					, and Domin
		DUE TO (OR	AS A CONSEGUENCE	OF):		Co	wewor			
	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE	OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Duff TO (OR	AS A CONSEQUENCE		esti	P				
F	that initiated events resulting in death) LAST	دورا ١٠	17 /	8	e -	Cou	· ce			
CE	PART II. Other significant condi	tions contributing to de-	ath but not resulting	in the unde	rlying,cause	given in			24b. WERE AUTO	
OICAL	800	rostrop	Colvita	7	for		PERFOR		COMPLETION OF DEATH?	
ME	Cance	9 0/25	michia	_ 1	0		_		1 🗌 YES	2 🗌 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICA				26. PLACE OF	DEATN (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	g Nome 5 821	Residence	6 C Other (Specify)			
	27. MANNER OF DEATH 1 Naturel 5 Pending	26a. DATE OF INJ (Month, Day,)	URY 26b. TI	NJURY	Ic. INJURY AT WORK?	Пио	28d. DESCRIBE NOW I	NJURY OCCUR	ED	
Э ВУ	2 Accident Investigati 3 Suicide 8 Could not	28e, PLACE OF IN	JURY — At home, ferm				28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number	
COMPLETED	4 Homicide determine		Сарвину				City or lown, State)			
MPL	(Critical Orley	NYSICIAN: To the best of my							evec(e) and manne	v ee stated
	29b. SIGNATURE AND TIPLE OF CERT		ination and/or investigat	tion, in my opir		CENSE NUI			IGNED (Month, Day,	
) BE	6Xlar				D	246	44	D 44:	23/90	
10	30. NAME AND ADDRESS OF PERSON		OF DEATN (ITEM 27) (15/1	pe, Print)	2 1	0	02 0	LINE	DOLL	10 25
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	3010	UNI	7	TUD C	MIKI	10-11	00
	10° > C 00A	1.1: K	SIGNATURE	0.0						

DNMH-t8 Rev 1/89

or attending physician

use as the

be detached for the hospital

M

notified

2

must

examiner

medical

the

event.

traumatic

or other

injury,

23 shows any

Hem

0

marked,

-02

28

Hem

30. NAME AND ADDRESS OF PERSON

31. DATE FILEO (Month, Day,

MAY

*°90

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wha Davidson Randoll

4500

표

OR.	-6
ath. P	uneral
ofter d	y the f
Nours 2	or ren
i,	Par No
within	pletely
ecuted	nd com burial.
8	to a
9	Sicio
ITENDING PHYSICIAN: The law requires that the death certificate be executed within an nours after death. Page	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death c	affend ental H
the	d M
that	d by
uires	signe
100	o of
WE!	Dept Dept
The second	ate h
SICIAN:	the St
PHY	this
DING	After
TEN	after a

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1) /3 2. DATE OF DEATH 9 YEAR ELBAN 038 OAM Helen 7. DATE OF BIRTH (Morith, Day, Year 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 215-34-818 1 M 2 XF VA 8-4-191C 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give TOWN OR LOCATION OF DEATH la Kerren 5822 MD2178 DIRECTOR Carvol RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M West muns 1 YES 2 NO GVVVD FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5 1562 Bollinger Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 - YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Housew 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ILLIA 띪 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route 2 WAYTE 63 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Carrol1 Cremation Services Hampstead. MD 22. NAME AND ADDRESS OF FACILITY Pritts Funeral 21 SIGNATURE OF FUNERAL SERVICE LICENSEE Home & Chapel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition DUE TO OR AS A CONTEQUENCE OF resulting in death) gn CERTIFICATION Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING evere CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 3-2 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Socoff) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 3 6 1 9

AND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Walter

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The iaw requires that the death certificate be executed within 24

	,	Walter	F	113	75				MONTH	24	90	D 9459
			5. SEX 6.		last birthday) YRS.	IF UNDER 1	_	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)		BIRTHPLACE (State or Foreign Country)
one l		223-26-4501 9a. FACILITY NAME (If not institution, give stre		70) THS.	9b. CITY, 1	TOWN OR	LOCATION OF DI	Aug.	25, 1		Comers Rock, VI
o should	E C	Harford Mem		10 55		Har		. (Sra	يو.		FORD
5 1, 2,	i ci	RESIDENCE OF DECEDENT 104, STATE 10b, COUNTY			`	TOWN OR						10d, INSIDE CITY
. Pages 1.	DIRECTOR		ecil			orth						LIMITS?
HELDE I		10a. STREET AND NUMBER					10f. 2	ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?
ransıt	FUNERAL	719 West Old Phil						21901			L	
the bunal-transit permit.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 D IF YES, GIVE WAR WW II	YES 2		H		NDENT OF HISPAI Ify Cuban, Maxica NO Specif	in, Puarto F		or No- 14	Block, White, etc. Specify: White
use as	TED	15. OECEOENT'S EDUCA (Specify only highest grade or		16a.	(Give kind of w	ork done du			16b.	KINO OF BUS	SINESS/INDUS	STRY
ğ	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Technic		nair	neer		U.S.	. Gove:	rnment
detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	2		TECHIL	ar r		16. MOTHER'S NA	AME (First, A			
=	ш	Cicero Eller						Eleona	a Jon	es		
	TO B	19a. INFORMANT'S NAME (Type/Print)						Number or Rural				
		Stella P. Eller		T 205 BL				nila. Ro	a. NC			y or Town, State
		1 Suriel 2 Cremation 3 Remov	ral frygos-State	othe	or place)			odist C	emete			
ē 5		21. SIGNATURE OF FONERAL SERVICE LICE	MSEE /	/		22. N	IAME AND	ADDRESS OF FA	CILITY			
the funeral di wal.		1 // det / 1 /20			Crouch Funeral 1 127 S. Main St.					lome Nort]	h East	. MD 21901
E 3 6		23. PART I. Enter the diseases, of co	omplicatione that c	aused the	deeth. Do n	-11 1	he med	and dulan and	h	llee er seen	lenton, omos	d Amenaulmete
5 E		ahock, or heert fellure. Li iMMEDIATE CAUSE (Final	ist only one cause	on eech	iine.			1				Onset and Desi
etely file smatton. nt, the		disease or condition resulting in death) a.	car	de	ac	a	2	POT				
and completely filled burial, cremation, atic event, the		_	DUE TO (O	R AS A CON	ISEQUENCE OF):	2	2701	-		~~	20
and per	CATION	Sequentially list conditions, if any, leading to immediate	R AS A CON	NSEQUENCE OF):	-	10000		cho.	no de	7	
	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury										
Hygiene pro	ERTIFIC	that initiated events resulting in death) LAST										
ental H	0	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
250	MEDICAL	PART II. Other aignificant conditions	eath but n	t not resulting in the underlying cause given in Part I.				n Part I.	PERFORMED?		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Signed Health 2	EDI								1 YES 2 NO OF DEATH?			
	44								_			1 123 2 NO
s certificate has the the control of the State Dept d, or Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITAL			-		CE OF DEATH (C	heck only or	10)		J
Sta Sta	YSIG	1 TES 2 NO	HOSPITAL:	R/Outpetier				5 🗆 Rasidenca	6 🗆 Othe	r (Specify)		
T 7 6	ξ	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b, TiMi	E OF URY	26c. INJU WOF		28d. DE	SCRIBE HOW	INJURY OCCU	REO
his certif with the ked, or	0.	1 Natural 5 Pending	1			- m	1 L T	5 2 NO	1			
TA VE	BY	1 Netural 5 Pending 2 Accident Investigation		NJURY - A	At home, farm, a	treet, facto	ory, office		26f. LOC	ATION (Street	and Number of	Rural Route Number.
After this death wit s marke	>	laurette ette e	28e. PLACE OF a building, etc	NJURY — A c. (Specify)	At home, farm, s	treet, facto	ory, office			ATION (Street or Town, State		r Rural Route Number,
DIRECTOR: After this nours after death wit tem 28 is marke	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 CERTIFULIA PHYSIC	28e. PLACE OF a building, etc.	c. (Specify)				and place, and du	City	or Town, State)	
NL DIRECTOR: After this 2 hours after death wif It Itom 28 Is marke	TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	28e. PLACE OF a building, etc	c. (Specify) y knowledge	e, death occurre	ed at the tir	me, data i		City	or Town, State	nner aa stated	
NL DIRECTOR: After this 2 hours after death wif It Itom 28 Is marke	E COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	28e. PLACE OF a building, etc	c. (Specify) y knowledge	e, death occurre	ed at the tir	me, data i		city a to the car e time, data	or Town, State	inner as stated and due to the	couse(s) and menner as stated.
NL DIRECTOR: After this 2 hours after death wif It Itom 28 Is marke	COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF is building, etc.	c. (Specify) y knowledge mination and	e, deeth occurre	od at the tir	me, data i	ath occured at th	city a to the car e time, data	or Town, State	inner as stated and due to the	f. cause(s) and menner as stated.
NL DIRECTOR: After this 2 hours after death wif It Itom 28 Is marke	BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. PLACE OF is building, etc.	c. (Specify) y knowledge mination and	e, deeth occurre	od at the tir	me, data i	ath occured at th	city a to the car e time, data	or Town, State	inner as stated and due to the	couse(s) and menner as stated.
DIRECTOR: After this hours after death wit Item 28 is marke	BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 25b. SIGNATURE AND TITLE OF CERTIFIER 25c. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	28e. PLACE OF in building, etc. CIAN: To the best of man. COMPLETEO CAUSE	y knowledge	a, deeth occurre d/or investigatio (ITEM 27) (Type,	od at the tir n, in my op Print)	me, data (ath occured at th	city a to the car e time, data	or Town, State	inner as stated and due to the	couse(s) and menner as stated.
NL DIRECTOR: After this 2 hours after death wif It Itom 28 Is marke	BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 25b. SIGNATURE AND TITLE OF CERTIFIER 25c. NAME AND ADDRESS OF PERSON WHO	28e. PLACE OF in building, etc. CIAN: To the best of man. COMPLETEO CAUSE	y knowledge	e, deeth occurre d/or Investigatio	od at the tir n, in my op Print)	me, data (ath occured at th	city a to the car e time, data	or Town, State	inner as stated and due to the	couse(s) and menner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. OATE OF DEATH

24

90

12 +1VA

S THE PROPERTY STATE OF THE STA

FOR STATE REGISTRAR

1 -

	1. OECEDENT'S NAME (First	, Middle, Last)			f).			2. DATE OF DE		YEAR	3. TIME OF DEATH	
	Clarence	Watk	cins	Εv	er1ey	Jr		Apri	L 22	1990	04;30 A;	
	4. SOCIAL SECURITY NUM	BER 5	SEX	6. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIL	RTH Mart	B. BIRTHE	PLACE (State or Foreign	
1	577-05-6394	1	X M 2 □ F	72	YRS.	NTHS DAYS	HOURS MIN.	Sept.	25,191	7 Ma	ryland	
	9a. FACILITY NAME (If not in	stitution, give stree	t and number)		9	b. CITY, TOWN	OR LOCATION OF DE			OUNTY OF DE		
DIRECTOR	Physician	s Memo	rial H	ospita	1	LaP	Lata			Char	les	
ទួ	10a. STATE	10b. COUNTY				OWN OR LOC	ATION				10d. INSIDE CITY	
E I	Maryland	Char1	les		I	aPlata	a				1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER		* 1			1	of. ZIP CODE		10g. (HAT COUNTRY?	
9	2356 A. Br:						20646				S.A.	
	11. MARITAL STATUS			TEVER IN U.S. AR			CENDENT OF HISPAN specify Cuban, Maxica			- 14. RACE Black	American Indian, White, etc.	
BY	1 Never Married 2 3		IF YES, GIVE W	AR OR DATES		1 🗆 Y	S 2 X NO Specify	r:		Specif		
	45 DEC	EDENT'S EDUCAT	HON	10. 00	CEDENT'S US	IIAL OCCUPA	TION.	485 KIND	OF BUSINESS/	INDUSTRY	white	
	(Specify on	y highest grade coi	mpleted)	(G	ive kind of work	k done during i	nost of working	TOU. KIND	OF BUSINESS/	INDUSTRI		
COMPLETED	Elementary/Secondary (* 1.2.	0-12)	College (1-4 or 5 +	'	Maat		_	Saf	eway C	0 22 D		
≅∣	17. FATHER'S NAME (First, A	liddle, Last)			neat	cutte	16. MOTHER'S NA					
	Clarence N		Av Sr				25.22	e Unkno		-/		
B	19a, INFORMANT'S NAME (ccy or .	10	h MAILING AI	ODRESS (Stree	and Number or Rural I			Zin Corin)		
임	Anna Everle						erwood Rd				3/16	
	20a. METHOD OF DISPOSIT			20b. PLACE	OF DISPOSIT		remetery, crematory or	·, Lai i	20c. LOCATION			
	1 1 Burial 2 Crematic	on 3 🗆 Remove	al from State	other pi	lece)				Suit1			
	21. SIGNATURE OF FUNERA		ISEE 1	1116	Ceda		L Cemeter					
- 1	VI	61	7.1.11	11.	1	Paha	or 12 1/2 1 3	- 1 T	430	08 Sui	tland Rd.	
	191	U C	regin	your	9						, MD 20746	
	23. PART I. Enter the c	liseases, or cor leert feilure. Lis				anter the n	node of dyling, suc	h es cerdiec (or reapiretory	arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (FI	nai	- 1		1		A				Onset and Death	
	disease or condition	→ e	ENA	Stag	2 6	phy	नाउम्दार					
	disease or condition resulting in deeth) End Stage Lung disease Due to (or as a consequence of): Chronic Obstructive Lung Disease Sequentially list conditions, Due to (or as a consequence of):											
NO												
ATI	cause. Enter UNDERLYING										i	
E	CAUSE (Disease or Injustration Initiated events	ury C	OUE TO	(OR AS A CONSE	QUENCE OF):							
CERTIFICATION	resulting in death) LAS	т										
S		0.										
AL	PART II. Other signific	ant conditions	contributing to	death but not	resulting in	tha undarly	ing cause given in	Part I. 24a.	WAS AN AUTOP PERFORMED?	SY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	Didy.	12+3	Mell	1ths				1 [YES 2 NO	.	OF DEATH?	
ME	Ster	pic	MYODO	thy				_			1 YES 2 NO	
ž		<u> </u>	<i>y</i> ,	J								
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?		POSPITAL:		1	26. OTHER:	PLACE OF OEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		Inputlant 2	ER/Outpatient	DOA 4	☐ Nursing H	ome 5 🗆 Residence					
PH	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE OF (Month, D	INJURY Pay, Year)	28b. TIME	TY .	NJURY AT WORK?	28d. OESCRIB	E HOW INJURY	OCCUREO		
BY	2 Accident	Investigation					YES 2 NO					
0	3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE C building,	F INJURY — At h atc. (Specify)	ome, farm, str	eet, factory, of	fice	26f. LOCATION City or Tox	(Street and Nur. vn, State)	mber or Rural F	Route Number,	
PL	CHOCK UTRY	TIFYING PHYSICIA	AN: To the best of	my knowledge, d	eath occurred	at the time, d	eta and place, and dua	to the cause(a)	and manner as	stated.		
			On the besis of a	investigation,	In my opinion	, death occured at the	time, data and	place, and due l	to the cause(s) and manner as stated.		
0	one) 2 ME	DICAL EXAMINER:	Λ					MBER	204			
E COMPLET	29b. SIQNATURE AND TITL		A	1			29c. LICENSE NUI		290.	DATE SIGNED	(Month, Day, Year)	
BE	2 <u>ME</u>		L	_ [_ 1	2	222126		▶	H /	100 gay, Year)	
	2 <u>ME</u>	E OF CERTIFIER	L	SE OF DEATH (IT)	A I'lype, P	Sprint)	222126		▶	4	32 90	
BE	29b. SIQNATURE AND TITL	E OF CERTIFIER	L	SE OF DEATH (ITT	St Af	yint)	222126		▶	Md.	20646	
BE	29b. SIGNATURE AND TITL 30. NAME AND ADDRESS O	of CERTIFIER OF PERSON WHO	L	SE OF DEATH HITE	A T (Type, F	(fice	222126		▶	4/	20646	
BE	29b. SIGNATURE AND TITL 30. NAME AND ADDRESS OF Benjamin	of CERTIFIER OF PERSON WHO	L	D PO	st of fundable	Stice			▶	4/	20646	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

at III on

AND	he hosp	detache	once.
_	6	2	स्र
MARY	retained !	5 should	notified
	2	300	9
ORE	6 ma	ector, p	must
BALTIMORE, MARYLAND	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Dent of Health and Mental Housene prior to burial, committen, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
m m	ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has find within 22 hours after death with the State Dent of Health and Mental Moriele prior to burial. cremation, or removal.	medical
	ì	fille fion	the
46,	d within	mpletely crema	event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	to burial	matic
ŏ	te be	Sicial	trau
	rtifica	nene ph	the
0	90	F. Gi	0
σ.	deat	e afte	nu,
DS	at the	by th	lui /
5	s the	Pod f	911
ZEC.	require	of Hea	shows
	ME!	Dent L	23
ITA	E :	State	Item
>	ICIA	the	0
107	G PHYS	er this c	narked
ō	NON	Aft.	S II
S	E	BOK SA	200
>	DR A	DIREC	tem
_	TAL	ME	=
	OSPI	UNE	N.
	H H	出る	OFF
	T OF	TO T	MP
	1		

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA				
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.			

1 - STATE REGISTRAR		CERT	IFICATE C	F DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Las	FILIA	CCI				AY YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 235-60-4673		6. AGE (In yrs. lest birthde	MONTHS DAY		7. DATE OF BIRTH (Month, Pay, Year) 03/30/02	s. BIRT Coun	HPLACE (State or Foreign ity) Italy	
9a. FACILITY NAME (If not institution, gives the state of	Nursing Ho	ome	96. CITY, TOY	WN OR LOCATION OF D		Prince	3	
Maryland Pri			city, town on Lo Laurel	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 15711 Bradford 11. MARITAL STATUS	Drive			20707		USA	WHAT COUNTRY?	
3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci		Blo	CE — American Indian, ck, White, stc.	
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	(Give kind	T'S USUAL OCCUP of work done during	PATION o most of working	186. KIND OF BU	SINESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	Tume retired.) Homemake	r		Home		
Mazarano oraba	tonni			Maria	AME (First, Middle, Maldon Coradetti	Surname)		
19a. INFORMANT'S NAME (Type/Print) Mary Ann Cooke	~1 y				Route Number, City or Tow Ve Laurel		707	
20a. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	other place)	ACE OF DISPOSITION (Name of cemeters, crematory or Park Condon Memorial Park Montgomery West VA						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		eck Funer	al Home, In pring Rd.	nc.	MD 20707	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Con	CESTIVE OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY OR AS A CONSEQUENCY	E OF):	Dio mypp				
PART II. Other eignificant condit	IA ;		ng in the under		Part I. 24a. WAS AN PERFO	RMED?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (C	heck only one)			
1 U YES 2 WHO	HOSPITAL: 1 Inputent 2	ER/Outpatient 3 🗆 DO	A 4 Nursing	Home 5 - Residence	6 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 8 Pending Investigation	26a. DATE OF (Month, Da		INJURY	NJURY AT WORK?	26d, DEŞCRIBE HOW INJURY OCCURED			
	building, s	FINJURY — A1 home, far stc. (Specify)	rm, stree1, factory,	office	281. LOCATION (Street City or Town, State		I Route Number,	
onel	YSICIAN: To the best of a						o(a) and manner as stated.	
29b. SIGNATURE AND PITLE OF CERTI	FIER			29c. LICENSE NU	IMBER	29d. DATE SIGNE	ED (Month, Day, Year)	
(, 4.0	~			D22	755	► 4.	15.90	
30. NAME AND ADDRESS OF PERSON	DELMA	E OF DEATH (ITEM 27)	Type, Print)			\$116 LA	(GZ MO 20	
31. DATE FRANCHIN, Coy, 990		Big Shot The Conda						

	. 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	rSICIAN: The law requires that the death certificate be executed within 24 mors after death. Page 6 may be retained by the hospital or attending physician. S certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within HE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2 8 8	<u>≅</u> g
2		
4		

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, Last)	·				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
- 1	Francis	Lynr	, III	4 13	90	8:50 A. M			
- 1	4. SOCIAL SECURITY NUMBER 579–92–9701		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (ManthDay, Year)	Coun		
7		1 🔯 M 2 🗆 F	29 YRS.			11-24-60		HINGTON, D.C.	
НОП	fond - 4300 Suitle				R LOCATION OF DE	EATH	9c. COUNTY OF	George#s	
DIREC	100. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT		NGTON,D.C.	10d. INSIDE CITY LIMITS? YES 2 □ NO		
- 10	10e. STREET AND NUMBER			10f	ZIP CODE	2102011,210	tog, CITIZEN OF	WHAT COUNTRY?	
FUNERAL	164 ELMIRA STREET	, S.W.			200	32	U.S.	Α.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,	
BY F	1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES	1 TYES		n, Puarto Rican, etc.) y:	Spe	The second second	
	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUSTRY		
	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of wallife. Do NOT us	rork done during mo-	st of working				
린	12th grade		CAR WA	SH ATTE	NDANT		CAR WASH		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-				ME (First, Middle, Meiden	Surname)		
BE	FRANCIS E. LYNN,	Jr.			FLOREN				
2	FRANCIS E. LYNN,	.Ir.			REET, S.	Houte Number, City or Tow W. WASHIN	IGTON, D.	C. 20032	
	20e. METHOD OF DISPOSITION	200	b. PLACE OF DISPOS			20c. LO	CATION City or 1		
	1 ☐ Burlai Z\(\sum_{\text{C}}\)\(\text{Cremetion 3 ☐ Remo}\) 4 ☐ Donation 5 ☐ Other (Specify)	oval trom State	ÇEDAR HI	LL CREM	ATORY	TLAND, M	LAND, MARYLAND		
	21. SIGNATURE OF PUNERAL BERVIOL LICE	egyte //	7,	22 ROLL	INS FUNE	RAL HOME,	INC.		
	120	Luxo	/			ACE, N.E.		.c. 20019	
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	Liat திர ona cause on d . Gunshot Wo	each line.	leck	de of dying, suc		iratory errest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in death) LAST	1.							
	PART ii. Other significant conditions	s contributing to death	but not resulting	in the underlyin	ceuse given in	Part i. 24e, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
DICAL	TATE III. Outor significant conduction				, 00000 giron in	PERFOI 1 X X ES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC								1 M YES 2 □ NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	heck only one)			
SICI	EXAMINER? XX YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:		8XXOther (Specify)	scene		
Ä	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. IN.	URY AT	28d. DESCRIBE HOW			
ВУ	1 Netural 5 Pending 2 Accident Investigation	4-13-90		M 1 🗆	YES 2 X NO	subject w			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, lecify) ball fi∈		•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4300 Suitland Road, Prince George's Co., Md.			
J.E	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wiedge, death occurr	ed at the time, date	end plece, end du				
OM		R: On the beale of axemination	on end/or investigation	on, in my opinion, o	leath occured at the	e time, date and place, e	nd due to the ceuse	(s) end manner as stated.	
BE C	296 SHIMROUNE AND TITLE OF CERTIFIER	3			29c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)	
TO B	THE			i,	oc	ME	4-1	4-89	
-	Tomog Karalan M				Dol+im	oro Ma	21201		
	James Kaplan, M.	22 DECISTRADE SIG	NATURE		, Daltim	ore, Md.	Z1ZU1		
	APR 18 '90	Julia Davids	on-Randall						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE ON-Randoll						
	AFR I O JO	1	•						

DHMH-18 Rev 1/89

	-
	must
in .	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	nedical
	-
патіол	t, the
il, crei	even
bunia	natic
rior to	traun
giene p	other
£	6
Mental	njury,
pue	=
afth	8 an
He	3
0	5
Dept.	23
State	Item
the	0
with	rked,
death	E mai
ffer	00
10	64

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

900

								12010				
	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH		IENE . NO.						
	1. DECEDENT'S NAME (First, Middle, Last) MANGE EV	2. DATE OF DEA		EAR	830pm							
		SEX 8. AGE (In yrs. ins	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	9/20	BIRTHPLAC Country) I	E (State or Foreign				
OR	9e. FACILITY NAME (If not institution, give street 505 Suffolk.	and number)	9b. CIT	y, town or location of		9c. COUNTY	OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY	9 .	10c. CITY, TOWN		,			INSIDE CITY LIMITS? YES 2 NO				
	10e. STREET AND NUMBER	9		101. ZIP CODE 207		10g. CITIZER		COUNTRY?				
FUNERAL	505 Suffolk. 1 11. MARITAL STATUS 1 □ Never Married 2 □ Married	. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2	IMED 13.	WAS DECENDENT OF HISF If yee, specify Cuban, Mexi	ANIC ORIGIN? (Spec	Ify Yea or No- 14		merican Indian				
ВҰ	3 ▼Widowed 4 □ Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Spe				Black				
LETED		pleted) (G	. Do NOT use retired.)	during most of working		. Publ						
COMPLET	0 -/2 17. FATHER'S NAME (First, Middle, Last)		EACH-		NAME (First, Middle, A	felden Sumame)	()	ChooL				
BE	LEON HURT 196, INFORMANT'S NAME (Pype/Print) 196, MAILING ADDRESS (Street and Number or Pural Pours Number, City or Town, State, Zip Code)											
5	190. INFORMANT'S NAME (Type/Print) ALPhonzo FEEMSter 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7600 Fountain Bleau Drive NEW CARROLTON, MD. 20784											
	20a. METHOD OF DISPOSITION 1 Order place) 20b. PLACE OF DISPOSITION (Name of cemetory or other place) 20c. LOCATION — City or Town, State other place) LINCOLN/CEdar #ill SuitLand, Md											
	21. SIGNATURE OF UNERAL SERVICE LICENS	EE WALL	22	NAME AND ADDRESS OF RODER &.	MASON HORE RO	FUNERI	AL A	HOME, INC				
	23. PART I. Enter the diseases, or com shock, or heart fellure. List	plications that caused the de only one cause on each line	eeth. Do not ente					Approximeta Interval Between				
	immediate cause (Final disease or condition resulting in death) a. Car dis Pulmony Arnest											
	Car dis Pulmony Arnest DUE TO (OR AS A CONSCOURCE OF) Sequentially list conditions b. Hyper Lensine arteric Sclerakii Cardiomscan Reese											
ATION	if any, laeding to immediate	if any, leeding to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
-	PART II. Other significant conditions of	ontributing to death but not	resulting in the u	inderlying cause given		MS AN AUTOPSY ERFORMED?	AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO				
PHYSICIAN: MEDICAL					101	ES 2 NO	OF C	IPLETION OF CAUSE DEATH?				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHE	26. PLACE OF DEATH	Check only one)							
HYSI		☐ Inpatient 2 ☐ ER/Outpatient : 28a. DATE OF INJURY	28b. TIME OF	28c. /NJURY AT	28d. DESCRIBE	y) HOW INJURY OCCU	RED					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, offica	28f. LOCATION (City or Town,	Street and Number or State)	Rural Route	Number,				
COMPLETED	(Oriota orii)	N: To the best of my knowledge, do On the basis of examination and/or						manner as stated				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE I	IUMBER	T		nth, Day, Year)				
ted .	./ / . / . / .	44		1 1 1-7/1			I to I M.	•				

9556 CRAIN

32. BEGISTBAR'S SIGNATURE Fund Davidson-Randelle

Upper MARKborn,

The same of the sa

The second of the second secon

DIRECTOR

FUNERAL

BY

ED

Ш

COMPL

BE

2

atten	se as		
00	in Joy		
Spita	ped		-4
e h	Jetac		Duce
50 0	Pe		Ti
pour	ponid		fled
reta	50		ig i
ay be	page		ě
9	ctor.		nust
Page	dire		-
di di	neral		Ē
er de	he fu	·	- ex
s afte	4	emo	dlca
30	in pa	0	E
7	ly fill	ation,	#
THE STATE OF	plete	Sremi	ent,
pet	E CO	jal, c	2
DOC	and	no o	nati
200	ician	nor to	ž
ficate	phys	ne pi	Ner 1
certi	ding	Aygie	r ot
eath	atten	mal	7, 0
the d	the	J Me	흩
that	d by	h and	any.
lires	signe	Healt	W.S.
requ	need	10	sho
e law	has	Dept	S
Ē	cate	State	Hem
ICIAN	ertifi	the co	0
SHYS	this	With	ked
NG	fter	eath	E
ENO	JR: A	ter d	8
ATT	RECT.	irs af	2 H
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same after death. Page 6 may be retained by the hospital or attention	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	2 hou	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	VERA.	7 un	1
HO	FUA.	with	HTAN
THE C	THE	filed	100
2	2	2	=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

296. SIGNATURE AND TITLE OF CENTIFIER

APR 26

mald

DONALD

· Se

Jewilliams MO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTANT SIGNOTURES ON - Handall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1990 ROBERT DONALD FISHER APRIL 13 8:30 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS DAVE HOURS 59 M M 2 F JANUARY 4,1931 220-26-3593 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 111 DORCHESTER AVENUE HURLOCK DORCHESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND DORCHESTER HURLOCK 1X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 111 DORCHESTER AVENUE 21643 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 📉 Married Specify: 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) ast of working Elementary/Secondary (0-12) College (1-4 or 6+) TRUCK DRIVER TRANSPORTATION COMPANY 11 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) DEWEY FISHER DELMA ELIZABETH WILLEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALICE FISHER P. O. BOX 325, HURLOCK, MD 21643 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20e, METHOD OF DISPOSITION
1 💢 Burial 2 🗆 Cremation 3 🗆 Removal from State 20c. LOCATION - City or Town, State UNITY WASHINGTON CEMETERY HURLOCK, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME Longer EAST NEW MARKET, MD 21631 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, abock, or haert failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) INOPERABLE CARELNOMA RECHT LUNG WITH LOCAL AND REBIONAL MEMSIASSES Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate 5 ANEMUA SEVERE cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: OTHER:
4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural М 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

0-13775

MCWILLIAMS, M.D. 308GAYSTREET CAMBE

29d, DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

	(P.	
BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 / r removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mount be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	HEGIOTHAN					OATE	- 01	DEA		ni	G. 14U.			
•71	1. OECEDENT'S NAME (First	EDW	ARD	me	FAR	DUF				2. DATE OF D	EATH DAY		Q O 3	TIME OF DEATH
١	4. SOCIAL SECURITY NUMBER 183_26-9448		5. SEX	6. AGE (In yrs.	. last birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN,	7. DATE OF BI (Month, Day, Aug.	Year)	934	Country)	ACE (State or Foreign
/	9a. FACILITY NAME (If not in			33		9b. CITY,	TOWN C	R LOCATION	ON OF DEA		13,1		NTY OF DEA	
DIRECTOR	Frederick M	(emoria	1 Hospit	al		Fre	der	ick				Fr	ederi	ck
EG	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					1	Dd. INSIDE CITY
	MD	Freder	ick		Sa	Sabillisville						☐ YES 2 → NO		
FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODI	E			10g. CITI	ZEN OF WH	AT COUNTRY?
NE I	16743 Ray	ren Roc	k Road	IT EVER IN U.S.	ARMED	13. V	WAS DEC	217		C ORIGIN? (Sp	ecity Yes	-	I.S.A.	- American Indian,
Y	1 Never Married 2		FORCES? 1 IF YES, GIVE V	X YES 2	□NO	- 11	yes, sp	ecify Cubs		, Puarto Rican,			Black, \ Specify:	White, etc.
р Вү	3 Widowed 4 Dive													White
COMPLETED		y highest grade			Give kind of a life. Do NOT us	work done d	luring mo	at of working	ng	16b. KINL	OF BUS	INESS/INC	DUSTRY	
APLI	Eletheniary/Secondary (-(2)	1	·	erect	or				To	ol M	íanuf	actur	ing
Ö	17. FATHER'S NAME (First, A	fiddle, Last)						16. MOTI	HER'S NAM	AE (First, Middle	, Maiden S	Surname)		
BE	19a, INFORMANT'S NAME (Was a Minist	Edward E	. McFa		1000000	(7)			et Mal		O	0.41	
2	Participation III - 12-4		McFarlan	ا م						Sabill				1700
	20a. METHOD OF DISPOSIT	ION		20b. PL/	ACE OF DISPOS		_			Sabiti			City or Town	
	4 Donation 5 Other	r (Specify)			thel C						Cas	cade	, MD	
	21. SIGNATURE OF FUNERA	_							ss of fac	ium 1 Home	. Inc			
			wersof			Į,	50 5	S. Br	e ad	Street	, Wa	vnes		PA 17268
	23. PART i. Enter the d shock, or h		complications the List only one car			not anter	tha mo	da of dy	ing, such	as cardiac	or reepi	ratory an	rest,	Approximata Interval Between
	iMMEDIATE CAUSE (Fi	nai	AL	cfl	my	ocin	1,1	(IL F	-(+"	\			Onset and Death
	resulting in death)		DUE IC	OH AS A COR	ASEQUENCE O	h):					1			!
N	Sequentially list condi	tions.	b	OR AS A COM		ju-		10.)	1601					
ATI	if any, leeding to imme cause. Enter UNDERLY	iNG	OUE IC	(OH AS A COR	ASEQUENCE O	r):								
CERTIFICATION	CAUSE (Diseese or injuthet initieted events		C. OUE TO	(OR AS A CON	SEQUENCE O	F):								
E	resulting in death) LAS	вт	d											
	PART II. Other signific	ent condition	a contributing to	death but n	ot resulting	in the un	derlyin	g cauee	given in F	Part I. 24a.	WAS AN			VERE AUTOPSY FINDINGS
EDICAL	Diese	tes	17/2/1	·try						10	YES 2	1		COMPLETION OF CAUSE OF DEATH?
2										_			1	YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF D	DEATH /Cho	ck only one)				
SICI	EXAMINER?		HOSPITAL:	☐ ER/Outpatien	H 3 DOA	OTHER	t:			8 Other (Spi	eclfy)			
PHYSICIAN:	27. MANNER OF GEATH	125-00	28e. DATE Of (Month,	F INJURY Day, Year)	28b. T#	IE OF JURY		JURY AT		28d. OEŞCRIE	BE HOW IF	NJURY OC	CUREO	
BY	2 Accident	Pending Investigation	200 BLACE	OE IN HIRV	t hama farm	M dead		YES 2	NO	A44 1 004TIO	Al (Day of a		D D.	
E	3 Suicide 8 4 Homicide	Could not be detarmined	building	OF INJURY — A , etc. (Specify)	u nome, mm,	street, mct	огу, отно	- m		City or Tox	wn, State)	ina Numbe	r or Murai Mo	ine Number,
COMPLET	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowledge	e, death occur	ed at the ti	lme, date	and place	a, and due	to the cause(a)) and man	ner se sta	ted.	
OM	one) 2 MEC	DICAL EXAMINE	ER: On the basia of	examination and	d/or investigation	on, in my o	pinion, d	death occu	red at the t	time, data and	place, an	d dua to ti	he cause(s)	and manner as stated.
BE (29b. SIGNATURE AND TITL	E OF CERTIFIE	R .	n	n \$			29c. LIC	ENSE NUM	IBER		29d, DAT	E SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WI	IO COMPLETED CAL	JSE OF DEATH	(ITEM 27) (Type	, Print)		0)	045	1			7//	/ 10
	Jethrey W	CUL	ven M	0	3101	1	ナト	57		Frelo	20.11	الم	00	170)
	31. DATE FILED (Month, Day,	1 6 19		AR'S SIGNATUR		2 • • •								
Į.	n nuu	1 10 9		WILLIAM AND AND AND AND AND AND AND AND AND AND	IMPERALA D	ertand a Mi	/							

ne ne ne

That is a few of the second of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit por be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Car Schoen benge
31. DATE FILED (Morith, Day, Year)

32. R

32. REGISTRAR'S SIGNATURE
GUNA WAY doon-fandale

	FOR	STATE OF MARYL	AND / DEPART	MENT OF L	IEAITH AND	MENTAL HYGIEN	9	U	12001
1	STATE REGISTRAR	SIAIL OF MAILE	CERTIFIC			REG. NO.	_		
1.	DECEDENT'S NAME (First, Middle, Last)	 				2. DATE OF DEATH		3. T	IME OF DEATH
	KIMBERLY V	JOAN FO	WLKES			4 9	9		630 W
4.	SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLAC Country)	CE (State or Foreign
	215-88-0203	1 M 2 DF 2	7 YRS. M	ONTHS DAYS	HOURS MIN.	Jan. 5, 19	63	Wash	nington
94	a. FACILITY NAME (If not institution, give at	reet and number)	0	b. CITY, TOWN	R LOCATION OF D		9c. COUNTY	OF DEATH	
B	HADY GROVE ADV			POCKUIC			HOW,		
	Md. Wash	nington		gerst	own, Md.				LIMITS? YES 2 NO
To. Street and number 450 N. Jonathan Street. 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 450 N. Jonathan Street. 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2.2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.) 18. RACE — American In Hyes, specify Cuben, Maxican, Puerto Rican, etc.)									
11	. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes		RACE - A	American Indian.
3	Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:							Black
	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	FFY	
17	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	retired.)	st or working				
	Secondary		Di	ispato	her	Fed	eral	Expr	ess.
17	FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	Joe M. Fow	lkes			Pł	nyllis	Davis		
	a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, Statu, Zip Coo	de)	
	Rev.Joe M. Fowl	kes	450 I	I.Jona	than St	.Hagerst	own_M	d. 21	740
1	METHOD OF DISPOSITION Burlet 2 Cremetton 3 Remo	20b	PLACE OF DISPOSIT	ION (Name of ce		20c. LO	cation - chy	or Town, S	State
	. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	Dennis 4	Dans		Wats	on Fund	eral Home Md. 2174	324 W	.Bet	thel St.
2	3. PART I. Enter the diseases, or o	omplications that caused	the deeth. Do no	snter the mo	de of dying, suc	h sa cardiac or resp	iratory srrest	,	Approximate
١,	SHOCK, OF REST TERRIFIC. I	List only one couse on e	ach line.					i	Onset and Dest
l d	Isesse or condition	Preuma	9-2222	5.	24:00	1/4		j	200
n	esulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	22	O II CEM	19			2 daile
C C	sny, lesding to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	c	CONSEQUENCE OF):	MUNE	Detici	enay Sy	ndron	•	18 mos.
n	esulting in death) LAST	d							
11 0	ART II. Other significant condition	s contributing to death h	ut not resulting in	the underlyin	O cause alven in	Part I. 24a. WAS AN	Autrobev	245 WEI	RE AUTOPSY FINDINGS
		s continuently to deeth b	or not resulting in	the underlyin	y ceuse given in	PERFOI	RMED?	AMA	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
								1 [YES 2 NO
25	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Z-NO	HOSPITAL:		OTHER:	LACE OF OEATH (C)	6 Other (Specify)			
27	MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	IURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	1 Netural 6 Pending 2 Accident Investigation		(155.5)		YES 2 NO				
- 10	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offic		281. LOCATION (Street		Rural Route	Number,
1	4 Homicide determined	and the coper	1000			City or Town, State,			
25	DE. CERTIFIER	CIAN: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause/s) and me	nner as stated		
	and and	R: On the basis of axamination						ause(s) and	d manner as stated.
25	DE. SPENATURE AND TITUE OF CERTIFIER								
d 2	AND STORE AND UTIVE OF CERTIFIER	ha-a-	. 1	10	29c. LICENSE NU		29d. DATE SI	GMED (Mor	Day, Year)
	WE AND ADDRESS OF THE PARTY OF	COMPLETE) //	<i>'ע'</i>	126	5 40	/	9/	46
30	NAME AND ADDRESS OF PERSON WH		AIH (ITEM 27) (Type, P	rint)	k Rd.	6 m	, 1		
	as souvent		220 t.	redenic	x ra.	Ga. Tre	es buy	MI).
11 31	I. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ALTIRE				_		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146		U
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician.	(1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Pages 1, 2, 3 mail of	3 costs	_
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	0	_
1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

											50	12002
	4	FOR STATE	STATE OF MARYLA					MENTAL I	HYGIEN	E		
-	-	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.			
	ı	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DA	/A	YEAR 3	TIME OF DEATH
	L	Helen Josephine	Frye					04	1-	1 9	0	10:40Pm
	I		SEX 6. AGE (I	n yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			8. BIRTHPL Country)	ACE (State or Foreign
-1)	ı	579-38-9979	□ M 2 F	71	YRS.	MORTINS DAYS	MOUNS MIN.	07/2		Į.	lanki	nsville,GA
7	ľ	9a. FACILITY NAME (If not institution, give street	and number)			9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	TY OF DEA	тн
7 B	1	Anne Arundel Hos	pital			Anna	polis			Anne	Arur	ide1
5	ı	RESIDENCE OF DECEDENT									L	
DIRECTOR	ı	10a. STATE 10b. COUNTY	A 1 - 1			Y, TOWN OR LOCA						DIA. INSIDE CITY LIMITS?
	1		Arundel		E	nnapoli						X YES 2 NO
1 X	1	10e. STREET AND NUMBER				19	Of. ZIP CODE					AT COUNTRY?
FUNERAL	L	2829 Seasons Way					21401				S.A.	
	м	11. MARITAL STATUS 12. 1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES	2 XA		If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica	n, Puerto Ric		or No-		- American Indian, White, atc.
B		3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		1 🗆 YE	S 2 NO Specifi	y:		1	Specify:	White
	╟	15. DECEDENT'S EDUCATION	ON	16a. DE	CEDENT'S	USUAL OCCUPAT	ION	16b. K	NO OF BU	SINESS/IND	USTRY	111111111111111111111111111111111111111
	╟	(Specify only highest grade com	opleted)	(Gi	ive kind of v Do NOT us	vork done during m ne retired.)	ost of working					
급	-	1.0		Mot	rtgag	e Loan	Processon	r B	anki	ng		
COMPLETED	ľ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	_			_	
E S	ı	William Durden					Juli	a C.	Jones	3		
BE	1	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street	and Number or Rural I				Code)	
E 2		Kermit L. Frye, Jr.			2805	Autum C	hase Circ	cle, A	nnap	olis.	MD	21401
9	I	20s. METHOD OF DISPOSITION 1 X Burlet 2 C Cremation 3 C Removed	206	PLACE	OF DISPOS		emetery, crematory or		_		City or Town	, State
5 E	}	1 N Burial 2 □ Cremation 3 □ Removed 4 □ Donation 5 □ Other Specify	F	t I	Linco	ln Ceme	terv		Br	entwo	od. M	laryland
<u> </u>	I	21. SIGNATURE OF PUNETUR. SERVICE LICEN		1		22. NAME A	AND ADDRESS OF FA					
E	ŀ	*/4014 A	14.1				is Gasch					
	4	1 auc	4 Juno	-	~							MD 20781
or other traumatic event, the medical examiner must be notified at once. TO BE COM	1	23. PART i. Enter the diseases, or com shock, or heert feliure. List				not enter the m	ode of dying, suc	h ss cardis	c or resp	iretory srn	est,	Approximate interval Between
9	ı	IMMEDIATE CAUSE (Fine)	(ar.	11	1	Failur					Onset and Death
=		resulting in deeth) e	Confeet	rue	THE		railui	le				2 WELKS
2			DUE TO OR AS A	CONSE	QUENCE O	F):						
S B		Sequentially list conditions, b	DUE TO (OR AS A	CONSE	OUENCE O	S):						-
r other traumatic	1	if sny, leeding to immediate ceuse. Enter UNDERLYING	50E 10 (011 NO N	OUNDE	avelior o	9.						
ᆲ	1	CAUSE (Diseese or Injury \$ c	DUE TO (OR AS A	CONSE	OUENCE O	FI:						+
등		that initiated events resulting in deeth) LAST	1 (0.00)									
CEF	ı	d			_							+
	1	PART II. Other significent conditions c		ut not i	resulting	in the underlyi	ng ceuse given in	Part I. 2	4a. WAS AN			VERE AUTOPSY FINDINGS
shows any in MEDICAL	I	Renal Fa	ulure					_	YES :			COMPLETION OF CAUSE OF DEATH?
I I											1	YES 2 NO
5 5												
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	neck only one)				
or Item YSICI/			IOSPITAL: ☐ Inpatient 2 ☐ ER/Outp	atient 3	DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	6 🗆 Other (Specify)			
		27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)		28b. TIN		JURY AT	28d. DESC	RIBE HOW	INJURY OC	CURED	
marked, BY PH	1	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
<u>∞</u> 0	1	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At he	ome, ferm,	street, factory, off	lice		ION (Street Town, State		or Rural Ro	ute Number,
28 T	1	4 Homicide determined										
PLE		29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, de	eath occum	red at the time, de	te and place, and due	e to the cause	(a) and me	nner ae stat	ed.	
IMPORTANT: II		one) 2 MEDICAL EXAMINER: (On the basis of examination	n and/or	Investigati	on, in my opinion,	death occured at the	time, date a	nd place, a	nd due to th	e cause(a)	and manner as stated.
E STA	1	296. SIGNATURE AND TITES OF CERTIFIER					29c. LICENSE NU	MBER		29d. DAT	E, SIENED (Moghh, Day, Year)
		La Dalise	che				1036	(8)	5	14	117	190
= 2	1	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITE	M 27) (Type	a, Print)	1				(/	



31. DATE FILED (Month, Day, Year) APR 23 '90

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an attending by a state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfat-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

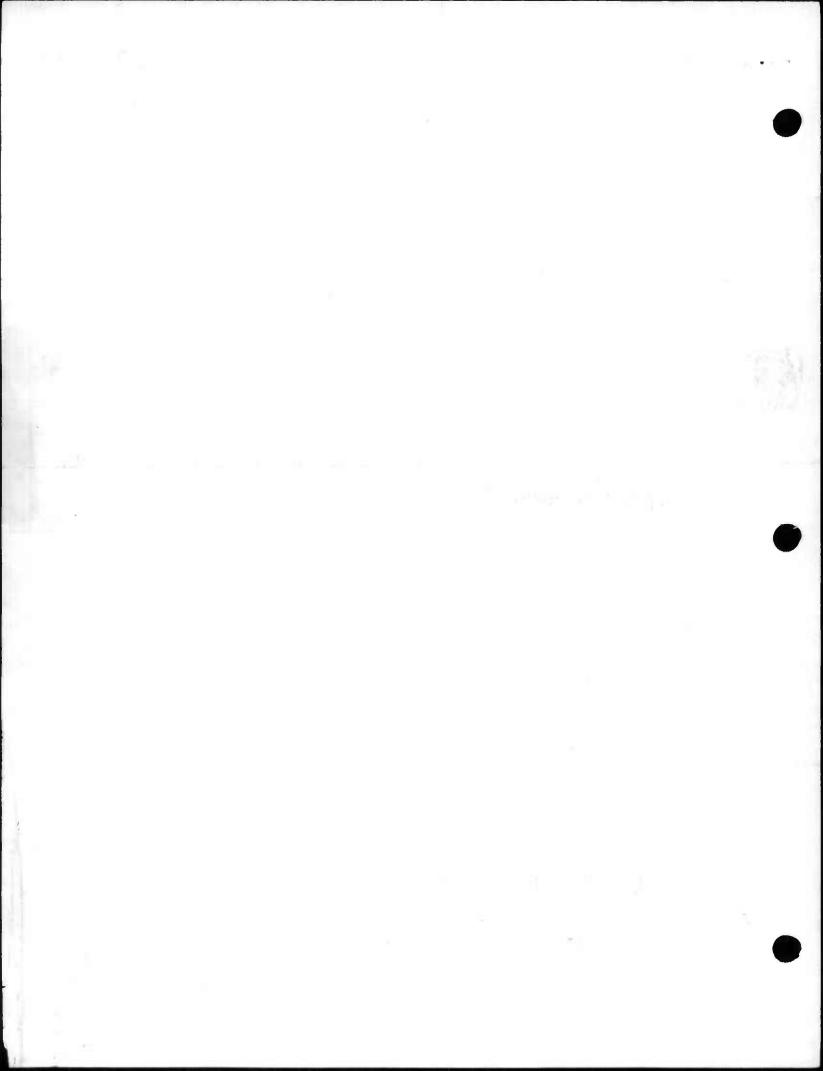
1 - STATE REGISTRAR	STATE STATE OF MARTILAND / DEFARTMENT OF HEALTH AND MENTAL HIGHER								
1. DECEDENT'S NAME (First, Middle, Last) AR GAR					2. DATE OF DI	EATH	(EAR 3. 1	2 45 PM	
4. SOCIAL SECURITY NUMBER 228-01-12/80	5. SEX 6. AGE		UNOER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	RTH (6 Veer)	BIRTHPLA Country)	CE (State or Foreign	
98. FACILITY NAME (If not institution, give a 6404 Tiffan CRESIDENCE OF DECEDENT	treet and number) y Court		LANH	R LOCATION OF D	M D	9c. COUNT	G,	Co.	
10s. STATE 10b. COUNT	G. Co.		OWN OR LOCAT					LINSIDE CITY LIMITS? YES 2 K NO	
6404 Tiffai	ny Ct.		101.	2070	6	10g. CITIZE	S .	COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAI Icify Cuben, Maxico 2 NO Specif	n, Puerto Ricen,		Specify:	American Indian, nita, etc.	
15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mod stired.)	st of working	100000	OF BUSINESS/INDUS	TRY		
17. FATHER'S NAME (First, Middle, Last) GEORGE T. V							DAS	TURE	
19a. INFORMANT'S NAME (Type/Print) GARNETT C.		19b. MAILING AD			Route Number, Cit	ty or Town, State, Zip C	ode)	MD 2078	
20s, METHOD OF DISPOSITION 1	ovel from State	other place)	ON (Name of cen			Dublin,	y or Town,	State	
21. SIGNATURE OF FUNERAL SERVICE LI				Carrolli	Mar	zullo Fun		Service ryland 2115	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PANC	ech Ilna. REATT	antar tha mo	de of dying, aud	ch aa cardiac d	or reaplratory arres		Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of):								
PART II. Other algorificant condition HEMATEME BOWELOBST DIMSETES	na contributing to death be SIS MCTON MELLITUS	out not resulting in t	the underlying	cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED? JYES 2 NO TON	COL	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (C					
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	e 6 Rasidence URY AT		E HOW INJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre- city)	M 1 1		26t. LOCATION City or Tox	(Street and Number or vn, State)	Rural Route	Number,	
onel	ICIAN: To the best of my know							d manner of stated	
29b. SIGNATURE AND TITLE OF CERTIFIE	York 1	p		29c. LICENSE NU D 2 8 C			SIONED (Mo		
550 6 GREEN	LAND NO 1	EATH (ITEM 27) (Type, Pri	IN MIC	HAEL	YORK	MDS	27	3370)	
31. DATE FILED APR 230190	32. REMINITARINA	HAMP - NOWAR			,			~	

90	2	8	8	Ls

		1. DECEDENT'S NAME (First, Middle, Last)						
		FREDERICK	ALBEF					
	i	4. SOCIAL SECURITY NUMBER	5. SEX					
		217-44-1664	1 🔀 M 2 🗌 F					
pinous		9a. FACILITY NAME (If not institution, give street and number)						
C.S	Œ.	malbot Landin	~ Motol					
1, 2,	દ્વા	Talbot Landin	id Morei					
88	Ĭ,	10a. STATE 10b. COUNTY	1					
£.	ā	Maryland Tal	bot					
physician. burial-transit permit. Pages 1, 2,	FUNERAL DIRECTOR	10e. STREET AND NUMBER						
asit p	H	Route 1, Box 1	19					
ician Il-tra	3	11. MARITAL STATUS	12. WAS DECEDENT					
phys		1 Never Married 2 Married	FORCES? 1					
the ding	BY	3 Widowed 4 Divorced						
r attending physician.		15. DECEDENT'S EDU (Specify only highest grade	CATION completed					
3 5	🗓	Elementary/Secondary (0-12)	College (1-4 or 5+)					
	귤	12						
	ő	17. FATHER'S NAME (First, Middle, Last)						
1月2回点	BE COMPLETED	Robert J. Fost	er					
N POSTERNIE		19a. INFORMANT'S NAME (Type/Print)						
5 she	욘	Suzanne L. Fos	ter					
page t		20g. METHOD OF DISPOSITION 4/						
e 6 ma ector, p		1X Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	23/90 oval from Stata					
age direct		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					
beath, Page 6 mi funeral director, xaminer must		11/1/	-					
er death. Page 6 may be retail the funeral director, page 5 sh val.		111- Ca Della	y arex "					
within 24 hours after of mpietely filled in by the cremation, or removal.		23. PART i. Enter the diseases, or a shock, or heart failura.						
no be in o .		iMMEDIATE CAUSE (Final	Liat Only Ona Caus					
n 24 ly fill ation		disesse or condition	. HYPERIENSI					
withi plete crem		resulting in death)	DUE TO (
com rial,	7		b. CHRONIC AI					
and to bu	ō	Sequentially list conditions, if any, leading to immediate	DUE TO (
		ceuse. Enter UNDERLYING						
stclay rior	1.5		LI .					
ificate be physiciar ne prior	FICA	CAUSE (Disease or injury	c. DUE TO (
certificate be ding physiciar Hygiene prior r other trau	RTIFICA		c. DUE TO (
beath certificate be executed within 24 hours after death. Page attending physician and completely filled in by the funeral differential Hyglere prior to bunial, cremation, or removal.	CERTIFICA	CAUSE (Disease or injury that initiated events	c. DUE TO (
the death certificate be the attending physician d Mental Hygiene prior Injury, or other trau	AL CERTIFICA	CAUSE (Disease or injury that initiated events	d					
that the death certificate be ted by the attending physician in and Mental Hygiene prior any injury, or other trau	ICAL CERTIFICA	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d					
unies that the death certificate be executed with signed by the attending physician and compit health and Mental Hyghere prior to buthal, or was any injury, or other traumatte ever	IEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d					
uires that the deal signed by the att Health and Menta	ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d					
e law requires that the death certificate be has been signed by the attending physicial been, of Heath and Mental Hyghene prior at 3 shows any injury, or other trau	ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d					
i. The law requires that the death certificate be death certificate be that be and Mental Hyghene prior item 23 shows any injury, or other trau	ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d to contributing to d					
UIAN. The law requires that the death certificate be certificate to the State Dept. of Health and Mental Hyghene prior. or tiem 23 shows any injury, or other trau.	ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	d					
PHYSICIAN: The law requires that the death certificate be within certificate be as been signed by the attending physician with the State Dept. of Health and Mental Hyghene prior wheel, or item 23 shows any injury, or other trauted.	PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d to contributing to d					
ING PHYSICIAN: The law requires that the death certificate be the trib certificate he sable that the death certificate be safe this certificate has been signed by the attending physician eath with the State Dept. of Health and Mental Hyghene prior marked, or item 23 shows any injury, or other trau	PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da					
ENDING PHYSICIAN: The law requires that the death certificate be MR. After this certificate has been signed by the attending physician for death with the State Dept. of Health and Mental Hyghene prior is marked, or item 23 shows any injury, or other traus	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 29a. DATE OF					
ATTENDING PHYSICIAN: The law requires that the death certificate be the COLORS, After this certificate has been signed by the attending physician is after death with the State best. of Health and Mental Hyghere prior m 28 is marked, or item 23 shows any injury, or other trau	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Da					
1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be LORECTOR: After this certificate has been signed by the attending physician hours after death with the State Deft. of Health and Mental Hyghere prior illem 28 is marked, or item 23 shows any injury, or other trau	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Could not be dearmined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYS	HOSPITAL: 1 Inpatient 2 28a DATE OF (Month, De					
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be lefted. DIRECTOR: After this certificate has been signed by the attending physician to a Tab bours after death with the State Dept. of Health and Mental Hyghere prior. IT: If them 28 is marked, or item 23 shows any injury, or other trau	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 [X] YES 2 NO 27. MANNER OF DEATH 1 [X] Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 CERTIFICADE DAYS	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, De building, o					
HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be FUNERAL DIRECTOR: After this certificate has been signed by the attending physician writin 7.2 beurs after death with the State Dept. of Health and Mental Hyghene prior ATANT: If Nem 28 is marked, or item 23 shows any injury, or other trau	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De 28a. PLACE OF building, d					
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ITHE FUNEAL ORFICIAN: The law requires that the death certificate be ITHE FUNEAL ORFICORS: After this certificate has been signed by the attending physician field within the State Dept. of Health and Mental Hyghene prior PROFIANT: If Item 28 is marked, or item 23 shows any injury, or other trau	BE COMPLETED BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De 28a. PLACE OF building, d					
HOSPITAL OR ATTENDING PHYSICIAN: The law red WHORPIAL DIRECTORS. After this certificate has been within 72 hours after death with the State best. of TANT: If Item 28 is marked, or item 23 shu	BY PHYSICIAN: ME	CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De building, of the basis of ax					

REGISTRAR				CERTIF	CATE	OF DE	7111		REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)							2. DATE OF MONTH	OEATH DAY	γ	YEAR 3.	TIME OF OEATH
FREDERICK		ALBE	RT					4	20		_	00 P M
4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In)	rs. last birthday)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.	7. DATE OF (Month, D			8. BIRTHPL/ Country)	ACE (State or Foreign
217-44-16	64	1 XM 2 - F	4	13 YRS.	MONTHS D	AYS HOURS	B MIN.	01 2		, [Mary]	and
9a. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
Talbot	Talbot Landing Motel					Trappe Talbot					ot.	
RESIDENCE OF DECEDENT												
10a. STATE	LIMITS?							LIMITS?				
Maryland Talbot Trappe 1□ YES 2 ☑ NO							YES 2 X NO					
10e. STREET AND NUMBER						10f. ZIP CO	DDE			10g. CITI	ZEN OF WHA	T COUNTRY?
Route 1,	Box 1	19					2167	3		U.	S.A.	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, Whita, atc.) 14. RACE — American Indian, Black, Whita, atc.							American Indian, hite, atc.					
1 ☐ Never Married 2 ☑ Married IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☒ NO Specify: Specify:												
			-						17.5		whi	te
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)	10	Give kind of	work done duri	IPATION ng most of wo	rldng	16b. KI	ND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (f	1-12)	College (1-4 or 5	+)	ille. Do NOT us								
12				tile	sett		11		tile		12 -	
17. FATHER'S NAME (First, M						18, M		ME (First, Mick				
Robert J.		er						y Re	_			
19a, INFORMANT'S NAME (19b. MAILING								
Suzanne L				130	S. H	arris	son S	t.,	East	on M	iD 2	1601
20g. METHOD OF DISPOSITION 4/23/90 1X Burlel 2 Cremetton 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) Spring Hill Cemetery Easton, Maryland												
	21 SIGNATURE OF FUNERAL REPUICE LICENSEE											
Newnam Funeral Home Easton, Maryland												
23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory erreat, Approximate												
shock, or h		List only one ca	use on aac	h iina.								Interval Between Onset and Desth
disesse or condition	-	HYPERIENS	יכות ישודי	TUDI/OOT I		WDDIOI	ACYTH AT	DICEN	در ، داد	ז לאדודער	T 77.70	
resulting in death)				ONSEQUENCE O		ARDIO	ASCULA!	CDISEA		ALLY	TVFR	1
C A CHRNIC AI CHOLISM												
Sequentially list conditions if any, leading to imma	lons,			ONSEQUENCE O	F):							
ceuse. Enter UNDERLY	ING											
CAUSE (Disease or injuthat initiated events	iry	DUE TO	OR AS A C	ONSEQUENCE O	F):							
resulting in deeth) LAS	ST	d.										
DART II OIL								a T				
PART il. Other significa	ent condition	s contributing to	deeth but	not resulting	in the unde	rrying caus	e given in	Part i. 2	4a. WAS AN PERFOR		A	ERE AUTOPSY FINOINGS AILABLE PRIOR TO
								_ 1	X YES 2	□ NO		OMPLETION OF CAUSE F CEATH?
											1	X YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOOPITA				28. PLACE O	F OEATH (Ch	eck only one)				
1 X YES 2 NO		HOSPITAL:	☐ ER/Outpet	lent 3 🗆 DOA	OTHER:	g Home 5 🗆	Residence	6X Other (Specify)	mote	e1	
27. MANNER OF OEATH		28a. DATE O	F INJURY Day, Year)	28b. TIN	RE OF 26	G. INJURY AT		28d. OESCI	RIBE HOW I	NJURY OC	CURED	
1-00 .	Pending	(MONOT,	-uy, 1001)	IN.		1 TYES	2 🗌 NO					
2 Accident Investigation 28a PLACE OF INJURY At home farm street factors office 28t LOCATION (Street and Number or Bural Boute Number												
a 🗆 activité	Investigation	28e. PLACE	OF INJURY -	- Al home, farm,	street, factory	, office				and Number	r or Rural Rou	te Number,
a 🗆 activité		28e. PLACE building	OF INJURY —	Al home, farm,	street, factory	, office			ION (Street a Town, State)	and Number	r or Rural Rou	te Number,
3 Suicide 8 Homicide 4 Homicide 29a. CERTIFIER (Check only	Investigation Could not be determined TIFYING PHYS	building	f my knowled	ge, death occur	red at the time	, data and pi		City or	Town, State)	nner as sta	ted.	
3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) MEE	Investigation Could not be determined TIFYING PHYS DICAL EXAMINI	ICIAN: To the best of	f my knowled	ge, death occur	red at the time	, data and pi	ccured at the	City or	Town, State)	nner as sta	ted.	nd menner as stated.
3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) MEE	Investigation Could not be determined TIFYING PHYS	ICIAN: To the best of	f my knowled	ge, death occur	red at the time	, data and pi	coured at the	City or to the cause time, data an	Town, State)	onner as stand dua to the	ted. he cause(s) a E SIGNED (M	nd menner as stated.
3 Suicide 8 4 Homicide 8 29a. CERTIFIER (Check only onle) 1 CER (Check only onle) 2 M MEE 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS 6	Investigation Could not be determined TIFYING PHYS DICAL EXAMINI FOR CENTURE	CIAN: To the best of R: On the basis of COMPLETEO CAN	if my knowled examination a	ige, death occurrend/or investigation	on, in my opin	o, data and plation, death or	CCM	City or to the cause time, data ar	Town, State)	onner as standed due to the	ted. the cause(s) a E SIGNED (M	nd menner as stated.
3 Suicide 8 4 Homicide 8 29a. CERTIFIER (Check only one) 1 CER (Check only one) 2 M MED 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS & Margarita	Investigation Could not be determined TIFYING PHYS PHASE CAL EXAMINI FOR CENTURE F PERSON WITH A . KO	CGAN: To the best of CR: On the basis of COMPLETEO CAL	of my knowled axamination a	dge, death occurs and/or investigate H (ITEM 27) (Type	ed at the time	o, data and plation, death or	CCM	City or to the cause time, data ar	Town, State)	onner as standed due to the	ted. he cause(s) a E SIGNED (M	nd menner as stated.
3 Suicide 8 4 Homicide 8 29a. CERTIFIER (Check only onle) 1 CER (Check only onle) 2 M MEE 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS 6	Investigation Could not be determined TIFYING PHYS PHASE CAL EXAMINI FOR CENTURE F PERSON WITH A . KO	ICIAN: To the best of IR: On the basis of IR:	of my knowled examination a second D. AR'S SIGNAT	dge, death occurs and/or investigate H (ITEM 27) (Type	ned at the time on, in my opin on, Print) Penr	o, data and plation, death or	CCM	City or to the cause time, data ar	Town, State)	onner as standed due to the	ted. the cause(s) a E SIGNED (M	nd menner as stated.

OHMH-18 Rev 1/89



	once.
	76
	notified
	Pe
	must be not
J.	examiner
remova	dicai
6	Ē
nation,	the ,
d, cren	event
bunia o	natic
prior to	traumati
ygiene	r other t
Ŧ	0
Menta	njuny.
and h	y i
=	2
of Hea	3 shows
2	60
8	2
State D	Herr

2

7

'90

VINCENT

31. DATE FILED (Month, Day, Year)

MAY

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM

Floces

32. REGISTRAR'S SIGNATURE
AND DEVIATOR - Randall

	FOR										_	90	}	2000
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE			OF H				YGIEN EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF D	DA		YEAR	3. TIME	OF DEATH
	KOSALEE G.	tow				,			04	30	2	90	The same of	-0-237 M
		5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF B	(Year)		Count	(vy)	State or Foreign
	3.100	1 M 2 M F	72	YRS.					06-09-	- 191	17	Weg	7. V	RGINIA
	9a. FACILITY NAME (If not institution, give stre		1/10 - 1			r, TOWN O			EATH			INTY OF E		
OF	CARROLL COUNTY BE	NERAL	HOSPITAL		WES	TMIN	STEK	2			CA	RROL	4	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	y. TOWN	OR LOCATI	ON						10d IN	SIDE CITY
IHIC	MA CAR	1011				HESTE							Lit	ES 2 X NO
	10e, STREET AND MAIMBER	cott		111	PNCF		ZIP CODE				10a C/1	IZEN OF		4.00
FUNERAL	2888 PARK AVE EX	~					211				-	11.5		
N			T EVER IN U.S. AR	MED	13				NIC ORIGIN? (Sp	worlder Ven		-		rican Indian,
	1 Never Married 2 Married		YES 2 N				city Cuba	n, Mexica	n, Puerto Rican		OI 140-	Blac	k, White,	etc.
8√	3 Widowed 4 Divorced	IF TES, GIVE W	AR OR DATES			1 TES	2 AU NO	Specif	y:			Spec	WH	HITE
60	15. DECEDENT'S EDUCA		16a. DE	CEDENT'S	USUAL C	CCUPATIO	N		16b. KINI	D OF BUS	INESS/IN	DUSTRY		
Щ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8	l/fin	Do NOT u	work done	during mos	it or workin	g	400					
APL	12			955	ensi	LY	Lin	10	m	Man	UFA	RTU	RIN	6
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11					18. MOTE	NER'S NA	ME (First, Middle					
ш	LAMIE	G. HA	rrer						CARR	12		5m1	H	
TO B	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	S (Street ar	nd Number	or Rural	Route Number, C	Ity or Town	n, State, Zi	ip Code)	1	
-	11/1/2 1 100 CER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									A.	17331			
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremeiton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)									20c. LO	CATION	- City or Ti	own, Stat	•
	4 Donation 5 Other (Specify) New Luttleran Cem.							em.	m	wc/	4257	er	mp	
	21. SIGNATURE OF FUNERAL SERVICE LICE	* As	/	1	22	NAME AN	D ADDRES	SS OF FA	CILITY ECH	HA	109	Fus	ceg	CHAR
1	N. dam /h	a liter	Tanka	2					mana	1405	Tex.	n	10	21102
	23. PART I. Enter the disesses, or &	mplications In	coused the de	ath. Do	not ente	r the mod	de of dyl	ing, suc	h se cerdisc	or respi	ratory e	rrest,	A	pproximate
	shock, or heart fellure. LI IMMEDIATE CAUSE (Final	at only one cau	ise on sach line),										nterval Between Inset and Death
	disesse or condition	MV	00000	Dia	,	Car	1/1	00					100	110111111111111111111111111111111111111
	e. MUCARDIAL FAILURE OUE TO (OR AS A CONSEQUENCE OF):									1/1/	INUTES			
z		A	CUTE	α	Vac	ARD	101	. 7	SCHER	nin				15
5	Sequentially list conditione, If eny, leeding to immediate													
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury That initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										16ERES			
TIF	that initiated events resulting in death) LAST													
ER	d.													
_	PART II. Other significent conditions	contributing to	death but not r	resulting	in the u	nderlying	Cause	given In	Part I. 24a	. WAS AN	AUTOPSY	24	b. WERE /	AUTOPSY FINDINGS
2	Diago	ETIC	KETO	00	200	, ,				PERFOR	-			BLE PRIOR TO ETION OF CAUSE
ED		7 / 0	1.000	17-1	201	/			— ''E	YES 2	NO		OF DEA	
2									-				1 📙 Y	ES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF O	EATH (C)	heck only one)				_	
PHYSICIAN: MEDICAL		HOSPITAL:	ER/Outpatient 3		OTHE	R:			,,					
4	27. MANNER OF DEATH				1			Isidence	6 Other (Sp		NJURY O	CCUREO		
	Natural 5 Pending	(Morith, Day, Year) INJURY WORK?				□ но								
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (OF INJURY — At ho	me, farm,	street, fac			- 115	28f. LOCATIO	N (Street	and Numb	er or Rural	Route Nu	mber,
COMPLETED	4 Homicide 8 Could not be determined	building,	etc. (Specify)							wn, State)				
E	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the heet -	I mu knowladna da	ath coo	mad at the	Ilma dar-	and star -	and d	a to the court) and =		ntod		
MP	(Check only one) 2 MEDICAL EXAMINER												(a) and m	anner as steted
	296. SIGNATURE AND TITLE OF CERTIFIER		_	7						y				
BE.	1/	2/		(/	W	10	SAC FICE	ENSE NU	MOEN		29d. DA	I SIGNE	(Month,	Day, Year)

4/30/90

58

180 E 9 2 4 No. 2 grant of the real of the sector

\ I	4. 8
)	4. S
/	9a.
OR	FLE 10a
5	RE
W.	10a
TO BE COMPLETED BY FUNERAL DIRECTO	M./
AL	10e
ER	11. 1 [3 [
5	11.
IL.	1 [
ВУ	3
ED	
ᇤ	
7	
2	
00	17.
ш	
-	19a
2	м

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE EG. NO.			
1. DECEDENT'S NAME (First, Middle, Las RAYMOND LEO	in the second second				2. DATE OF		90 YEAR	3. TIME OF DEATH 8:40 A	
4. SOCIAL SECURITY NUMBER 579-28-7814 98. FACILITY NAME (If not institution, give	1 X M 2 □ F 73	YRS.	F UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De MAY 9	BIRTH y, Year)), 1916		OHIO	
a a			OAKLAN	D LOCATION OF DI	EATH	96. CO		RETT	
10a. STATE 10b. COU								10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10e. STREET AND NUMBER			101	21550		10g. CI	WHAT COUNTRY?		
RT. 6 BOX 102 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 XNO Specifi	in, Puerto Rica	pecify Yea or No— n, etc.)	Vee or No- 14. RACE — American Indian Black, White, atc. Specify: WHITE		
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G. (G. (Elementary/Secondary (0-12) College (1-4 or 5 +)				US	GOVERNI	MENT	E	
17. FATHER'S NAME (First, Middle, Lest) RAYMOND GEO	RGE FISHER			16. MOTHER'S NA NELLIE		le, Maiden Surname) CHERINE	SMI	тн	
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				1550	
MRS. EVELYN M. F	20	RT.			AKLAND,	MARYLAI 20c. LOCATION -		1550 own, State	
1 X Buriel 2 Cremation 3 R: 4 Donation 8 Other (Specify) 21. SIGNATURE OF WHEN A STATE	G	ARRETT ME		GARDENS ID ADDRESS OF FA	ACILITY		ND, M	ARYLAND 243	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST LEAST CONSCIUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							?		
	PART II. Other algnificant conditions contributing to death but not read to the second					e. WAS AN AUTOPS PERFORMED?	Y 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)				
1 YES 2 NO 27. MANNER OF DEATH	1 Inpellent 2 ER/Ou 28e. DATE OF INJURY	26b. TIME	OF 28c. IN.	Raaldence			OCCURED		
2 Deviates	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 26. PLACE OF INJURY — At home, ferm, street, factory, office					28d, DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Route Number.			
4 Homicide detarmined			at the time, det	and place, and du		a) and menner as a	stated.		
One) SECTION OF CENTER OF	INER: On the basis of examinati		, in my opinion, o		e time, data and	d place, and dua to	the cause(s) and menner as stated. (Month, Day, Year)	
MARK DOMENICK 31. DATE FILED (Month, Day, Year)	M.D.	OAKLAND,		0 011)	,		-//	
APR 30 °90	Colie Builde	A Shaplada							

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
dical examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
to by the funeral director, page 5 should be detached removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.
s after death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death. Page 6 may be retained by the hosp

STATE OF MARYLAND / DEPARTMENT			MENTAL	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)	Velma Eil	leen FUI	V		2. DATE OF DEAT MONTH	N DAY	YEAR	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 5.					April 2			130	Рм
	College William Comment	■ M 2 X F	VDC N	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yel	nr)	Count		
	Se. FACILITY NAME (If not institution, give street		65	Db. CITY, TOWN C	R LOCATION OF DE	June 10,	1924		st Virgi	nia
DIRECTOR	Garrett County Memo		al	0a	kland			Garr	ett	
3	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY	
	WV	Grant	В	ayard					1 X YES 2	NO
FUNERAL	10e, STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF V	WHAT COUNTRY?	
当	P.o. Box 28				2670	7		U	SA	
BY FU	11. MARITAL STATUS 1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 K NO	If yes, sp		NIC ORIGIN? (Specif an, Puerto Ricen, etc y:		14. RACI Black Spec	E — American India k, White, etc. ify: White	in,
0	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON	18a. DECEDENT'S U			16b. KIND O	F BUSINESS/IND	USTRY		
Щ		college (1-4 or 5 +)	lifs. Do NOT use	rk done during mo retired.)	et of working	4.5				
MP	12th		Mer	chant		Gro	cery St	ore		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Mi	aiden Surname)			
BE	Arle Estes	Mullen			Florid		atherur		Boggs	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City o	All the second s	Code)		
	H. Rell Fulk, Jr.				The second secon	West Vir		267		
	20a, METNOD OF DISPOSITION 1	PLACE OF DISPOSIT		netery, crematory or	1	c. LOCATION —				
	4 Donetton 8 Other (Specify) Bayard Cemetery Bayard, Wes							Wes	t Virgin	1a
	· Bradley A	wille.		Ste	wart Fun	eral Hom	e akland,	MD	21550	
	23. PART i. Enter the diseases, or com shock, or heart fallure. List			t enter the mo	da of dying, auc	h ea cerdlac or i	reapiratory arm	est,	Approxim-	
	IMMEDIATE CAUSE (Final	,							Onset and	
	disease or condition a	Hepato-Re							Weeks	i.
			CONSEQUENCE OF):							
O	Sequentially list conditions, b	Cirrhosis	OI THE						Month	S
TA.	if any, leeding to immediate cause. Enter UNDERLYING	Alcoholic							Month	S
CERTIFICATION	CAUSE (Disease or injury that initieted events		CONSEQUENCE OF):						1101111	
F.	resulting in desth) LAST									
	DADT II Other elemificant conditions o			Ab		B				
SAL	PERFORMED? AV								WERE AUTOPSY F	TO
ă	CHIONIE BIONEN	1015				1 🗆 YI	ES 2 X NO		OF DEATH?	AUSE
Σ						_			1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 Pt	ACE OF DEATH (Ch	neck oak oon)				
PHYSICIAN: MEDIC	EXAMINER?	OSBITAL:		OTHER:		8 Other (Specify	0			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE H		CURED		
ВУ Р	Netural 8 Pending	(Month, Day, Year)	INJU		RK? (ES 2 NO					
COMPLETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	rden doeth necumed	at the time date	and alone, and dis	to the courses of	4	- 4		
M	(Check only one) # MEDICAL EXAMINER: 0								a) and manner as a	dated.
8	250. SIGNATURE AND THE OF CENTIFIER		7		29c. LICENSE NU	**				
BE	Talia	m			D 15	2000			(Month, Day, Year) 1/90	
2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE/	TH (ITEM 27) (Type. F	Print)	D13	333		7/2	1/30	
	Dr. Thomas Johnson,		Fourth		kland, M	D 21550				
	31. DATE FILED (Month, Day, Year) APR 2 4 '90	32. REGISTRAR'S SIGN	TURE	102		T				



Z	Sch		6
the	det		0
3	8		ğ
ned	Ould		Fled
retai	5 sh		oti
20	90		e
may	f, p		St
9	recto		Ē
Pag	Ď.		ner
ath.	ner		ami
e de	he fu	20	ex:
afte	D T	E S	ical
SULS	.⊆	or re	ned
4	filled	Ë,	96
ië	tely	mati	t, 18
Mil	пре	Cre	ven
uted	03	Ta.	2
exec	and	20	та
2	cian	10.	THE L
cate	Shipsi	e Di	er t
VE.	-	=	-
E C	S	e de	10
th cert	ending	Il Hygie	or ot
death cert	e attending	lental Hygie	ury, or ot
the death cert	y the attending	nd Mental Hygie	injury, or other
that the death cert	ed by the attending	th and Mental Hygie	any injury, or other
ires that the death cert	signed by the attending	fealth and Mental Hygie	ws amy injury, or other
requires that the death cert	sen signed by the attending	of Health and Mental Hygie	shows any injury, or other
law requires that the death cert	is been signed by the attending	ept. of Health and Mental Hygie	23 shows any injury, or other
The law requires that the death cert	e has been signed by the attending	te Dept, of Health and Mental Hygie	im 23 shows any injury, or oth
IN: The law requires that the death cert	ficate has been signed by the attending	State Dept. of Health and Mental Hygie	tem 23 shows any injury, or oth
SICIAN: The law requires that the death cert	certificate has been signed by the attending	the State Dept. of Health and Mental Hygie	, or Item 23 shows any injury, or oth
PHYSICIAN: The law requires that the death cert	this certificate has been signed by the attending	with the State Dept, of Health and Mental Hygie	ked, or Item 23 shows any injury, or off
NG PHYSICIAN: The law requires that the death cert	ter this certificate has been signed by the attending	ath with the State Dept. of Health and Mental Hygie	marked, or Item 23 shows any injury, or oth
NOING PHYSICIAN: The law requires that the death cert	R: After this certificate has been signed by the attending	er death with the State Dept. of Health and Mental Hygie	is marked, or Item 23 shows any injury, or oth
STENDING PHYSICIAN: The law requires that the death cert	CTOR; After this certificate has been signed by the attending	after death with the State Dept. of Health and Memtal Hygie	28 is marked, or Item 23 shows any injury, or oth
OR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR; After this certificate has been signed by the attending	cours after death with the State Dept. of Health and Mental Hygie	tem 28 is marked, or item 23 shows any injury, or oth
TAL OR ATTENDING PHYSICIAN: The law requires that the death cert	AL OIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygie	If item 28 is marked, or item 23 shows any injury, or oth
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	NERAL DIRECTOR: After this certificate has been signed by the attending	thin 72 hours after death with the State Dept. of Health and Mental Hygie	NT: If item 28 is marked, or Item 23 shows any injury, or oth
HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death cert	FUNERAL DIRECTOR: After this certificate has been signed by the attending	I within 72 hours after death with the State Dept. of Health and Mental Hygie	RTANT: If item 28 is marked, or item 23 shows any injury, or oth
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR		ARTMENT IFICATE			MENTA	L HYGIENI	E			
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATI	E OF DEATH		YEAR	3. TIME OF DEATH	
	Alice Ma	arie		Fitzwa	ater		4	18		90	3:42 P. M	
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthd	By) IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
,	212-38-5991 9a. FACILITY NAME (If not institution, give s	1 M 2 F	86 YR	S		R LOCATION OF DE	Nov	. 10, 1	.903 9c. COUN	Mar	yland	
DIRECTOR	Garrett County M	Memorial Ho	spital		Oak	land			G	arre	ett	
3EC	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN OF	R LOCATI	ON					10d. INSIDE CITY LIMITS?	
		arrett	M	t. Lak	e Pa	ırk					1 🔀 YES 2 🗌 NO	
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE					WHAT COUNTRY?	
ÿ	514 "F" Street	La una nearnaire su		I as n		21550			USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2 NO	If	yes, spe	ENDENT OF HISPAN city Cuban, Maxican 2 NO Specify	n, Puerto		or No		E — American Indian, k, Whita, etc. #y: White	
	15, DECEDENT'S EDU	CATION		T'S USUAL OC			16	b. KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NO	of work done di T use retired.)	uring mos	it of working						
MP		5+	Tea	cher					catio	n		
	17. FATHER'S NAME (First, Middle, Last)	-	2116			16. MOTHER'S NAI			111	-		
BE	Frank 19a. INFORMANT'S NAME (Type/Print)	F.	Dilfer	100 4000000	(0)	Hattie		May		ler		
2	Mrs. Alice Marie	Wheeler		Ridge				mberla:			21502	
	20a, METHOD OF DISPOSITION		20b. PLACE OF DIS						CATION —			
	1 N Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	other place)	cth Glade Cemetery				Swanton, Maryl				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	*Kolent V40	Quest	M00167	D	urst	Funera	1 Ho	_	.0. E		243 Md. 21550	
	23. PART I. Enter the diseases, Dr. shock, or heart failure.			Do not enter	the mod	de of dyling, sucl	h es ca	rdisc or respi	ratory srr	eat,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disesse or condition		1 - 1								Onset and Death	
	resulting in deeth)	Ø	AS A CONSEQUENCE	e Injuries								
_		00E 10 (0W	AS A CONSEQUENC	E OF):							j	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR	AS A CONSEQUENC	E OF):								
음	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
	PART II. Other algnificant condition	ns contributing to dee	th but not result	na in the un	derivino	ceuse given in	Part i.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
CAL		out a design of the design of	in but not robust	ing in the un-	conjung	, coase given in	· art ·	PERFOR	RMED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC								1 XXVES 2	U NO		OF DEATH?	
Σ.											IN TES ZUNO	
A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only	one)				
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 D	OTHER		e 5 Residence	6 🗆 Ott	her (Specify)				
Ĭ	27. MANNER OF DEATH	26a. DATE OF INJU		TIME OF	28c. INJ	URY AT RK?		ESCRIBE HOW I			-1 +1-/	
ВУР	1 Netural 5 Pending 2 Accident Investigation	4-18-90		45P M	1 🗆 1		dri Mac	ver in k truck	auto c imp	/pic	ck-up truck/	
	3 Suicide 8 Could not be	28a. PLACE OF IN- building, etc.	JURY — At home, fa (Specify)	rm, street, facto	ory, office	1	281, LC	CATION (Street in	Cent	or Rural	Route Number, Sts.,	
ETE	4 Homicide determined		str	eet			Oak	land, N	Maryl	and	31.0 505.7	
COMPLETED	(Creden drivy)	ICIAN: To the best of my										
SON	MEDICAL EXAMIN	ER: On the beals of exemi	nation and/or investi	getion, in my o	pinion, d	eath occured at the	time, de	rta and pleca, ar	nd dua to th	ne cause(a) and manner as stated.	
BE C	299. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	WBER				D (Month, Day, Year)	
0	1	4				OCME				4-19	9-90	
	James Kaplan		F DEATH (ITEM 27)		Penn	St., Ba	alto	., Md.	212	01		
	APR 23 90	32 REGISTRAR'S	SIGNATURE	Z.								

1000

Acadhala at

- -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALT CERTIFICATE OF DEA	H AND MENTAL HYGIENE ATH REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	2. OATE OF DEATH 3. TIME OF DEATH
EVELYN Canfield FELLS	May 1, 1990 YEAR 10:47 P M
D T D D D D D D D D D D D D D D D D D D	DER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
219-22-0019 1 - M 2 K F 85 YRS. MONTHS DAYS HOURS	s MIN. 2-5-1905 West Virginia
98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCA	
RESIDENCE OF DECEDENT	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
Maryland Allegany Cumberland	1 ¥ YES 2 □ NO
10s. STREET AND NUMBER 10f. ZIP CC	DDE 10g. CITIZEN OF WHAT COUNTRY?
223 Baltimore Avenue 21	.502 USA
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT	T OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian, plan, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc.
IF YES GIVE WAR OR DATES 1 YES 2 TVN	The Control of the Co
3 X Widowed 4 Divorced	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work)	16b. KIND OF BUSINESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)	
9 Housewife	Home
17. FATHER'S NAME (First, Middle, Last) 18. MC	OTHER'S NAME (First, Middle, Malden Surname)
James Riley Canfield Me	elissa Ann Bright
	iber or Rural Route Number, City or Town, State, Zip Code)
	Road, Severn, Md. 21144
20s, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, c. other place)	crematory or 20c. LOCATION — City or Town, Slate
4 Donetion 5 Other (Specify) Meadowridge Memor	rial Park Elkridge, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADD	ress of FACILITY re-Stein, Inc. 230 Baltimore Av
TAMBILLIA N. UD VII.	land, Md. 21502
23. PART I. Enter the diseasea, pr complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	dylog, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	o chi
PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceus	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	F OEATH (Check only one)
EXAMINEN HOSPITAL: OTHER: 1 YES 100 DOA 4 Nursing Home 5	Residence 8 Other (Specify)
27. MAMNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT	The state of the s
Natural S Pending (Month, Day, Year) INJURY WORK? Accident Investigation	
3 Sulcide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIEL (Check orn) (Ch	ccured at the time, date and place, and due to the cause(a) and manner se stated.
296. SIGNATURE AND THE OF CENTIFIER	LICENSE NUMBER 29d. DATE SIGNED (Month Day, Near)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31, DATE FILED (MO)

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	,
13146,	mineton back indehin
P.O. BOX 1	4
RECORDS	and the second of the second s
OF VITAL	
DIVISION	
	1

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle	(Leol)	Sil	be	rt		2. DATE OF DEA	DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 227 20 4869 B	5. SEX 6. AGE	E (In yrs. lesi		IF UNDER 1 YEA		7. DATE OF BIRT (Month, Day, Ye Nov. 2	ar)	Country)	ce (State or Foreign
OR		alescent Cente	r			n or location of t fton	DEATH		e Arui	
DIRECTOR	Maryland An		10c. CITY, TOWN OR LOCATION Crofton					10d. INSIDE CITY LIMITS? 1 X YES 2 N		
	10e. STREET AND NUMBER	ne Arundel			1	10f. ZIP CODE		10g. CITI	ZEN OF WNA	
ER	2539 Vineyard	Lane				2111	4		United	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 K NO	NO If yes, specify Cuben, Maxican, Puer 1 ☐ YES 2 ☒ NO Specify:					Black, W Specify:	American Indian, hite, etc. Vhite
ED	15. DECEDENT	'S EDUCATION	16a. DEC	CEDENT'S	JSUAL OCCUP	ATION		F BUSINESS/IND		VIIICO
COMPLETE	(Specify only highe: Elementary/Secondery (0-12)	College (1-4 or 5 +)	life.	ve kind of w Do NOT use usew:	retired.)	most of working	Hom	۵		
OM	17. FATHER'S NAME (First, Middle, Last)			usew.	LIC	18. MOTHER'S N	AME (First, Middle, N			
BE C	William Lesley Hawkins					Mar	y Elizab	eth Nuc	kolls	
	19a. INFORMANT'S NAME (Type/Pris		19b.	, MAILING	AODRESS (Stre	et and Number or Rura				
2	Chauncey M. Gi	lbert, Jr.	2	539 Y	Vineya	rd Lane C	rofton M	aryland	2111	4
	20s. METHOD OF DISPOSITION 1 Grant 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Lakemont Memorial Gardens Davidsonville M									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert C. Evens, Pres. 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland								land 20	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet onset and I onset									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FILE ANAILABLE PRIOR COMPLETION OF C								AILABLE PRIOR TO MPLETION OF CAI DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utnation: 3	□ DOA	OTHER:	L PLACE OF DEATH (C		M		
PHY	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	ry	28b. TIM		INJURY AT WORK?		HOW INJURY OC	CURED	
ED BY F	1- Neturel 5 Pendir 2 Accident Investi 3 Suicide 6 Could 4 Homicide determ	gation 28e. PLACE OF INJU building, etc. (S)	JRY — At hor		M 1	YES 2 NO	261. LOCATION (City or Town	Street and Number	r or Rural Rout	e Number,
COMPLET	CONTROL ONLY	G PHYSICIAN: To the best of my know.					La Carte Control			nd manner as sta
BE	296, SIGNATURE AND TITLE OF C	ERTIFIER				29c. LICENSE N	UMBER YYOJ	29d. DAT	E SIGNED (M	urin, Day, Year)
5	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITER	M 27) /Time	Drint)	100	, , 00		1 "	18

DHMH-16 Rev 1/89

	포
	5
	0
(1	1)
1	/

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	DAY	YEAR 3	. TIME OF DEATH	
	Eugene Garl	ich				April	_	1990	4.36 a M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	-		ACE (State or Foreign	
	500-14-5964-A 1X	M 2 🗌 F	68 YRS.	MONTHS DAYS	HOURS MIN.	11-6-21			0.	
-	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COI	UNTY OF DEA	тн	
הטוספהוט	Southern MD Hospi	tal Cent	er	Cli	nton		Pr	ince	George's	
	10a. STATE 10b. COUNTY			TOWN OR LOCAT				1	Dd. INSIDE CITY LIMITS?	
	Md. P	.G.	Fo	rt Was	hington			1	YES 2 XXIO	
CINEDAL	100. STREET AND NUMBER 4706 Ballad Driv	ve		101	20744		100	TIZEN OF WH.	AT COUNTRY?	
5		S DECEDENT EVER IN L				IIC ORIGIN? (Specify			- American Indian,	
-		PRCES? XX YES YES, GIVE WAR OR DATE			2 NO Specify	n, Puarto Rican, etc.)	Specify:	White	
3	15. DECEDENT'S EDUCATION	1	6a. DECEDENT'S L	ISUAL OCCUPATION	N .	16b. KIND OF	BUSINESS/IN	IDUSTRY		
	(Specify only highest grade complete Elementary/Secondary (0-12) Colle	90) ge (1-4 or 5+)	(Give kind of we	ork done during mo retired.)	st of working					
CIMILE	12)	Cab D	river		Se!	f-em	ploye	d	
5	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Ma				
1	Virgil O. Garli	ch			-	mia Wil				
	19a. INFORMANT'S NAME (Type/Print)					Poute Number, City or				
	Dean Garlich		41,N.	Chestr	ut Ln.	,Glenwo	od, I1	1. 60)425	
	20a. METHOD OF DISPOSITION 1 Burial 2X Cremation 3 Removal from	m State 20b. F	other place)		netery, crematory or	200		- City or Town		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEIUM STYLE LICENSEE	1	Lee	Crema				ton,M		
	21. SIGNATURE OF PUNEHUM THE LICENSEE	al se	2	6633	01d A1	exander	Fer	al Ho ry Ro	me,Inc.	
	23. PART I. Enter the diseases, or comple	Silver that several	he death De a			yland 2			Approximate	
	shock, or heert fellure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	etses	th line.						Interval Between Onset and Death	
MOLIPOLINI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): Chromic aliabluctur pulmency disease. DUE TO (OR AS A CONSEQUENCE OF): Chromic aliabluctur pulmency disease. DUE TO (OR AS A CONSEQUENCE OF): d. Chromic aliabluctur pulmency disease.									
- Lunius	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	ear	des	ear				
3	PART II. Other aignificant conditions cont	ributing to death but	not resulting is				S AN AUTOPS		VERE AUTOPSY FINOINGS	
5						PE	FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 Q YE	S 2 1 NO	0	OF DEATH?	
						_		,	YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	eck only one)				
ru siciali.		PITAL:		OTHER:		5 Other (Specify)				
É		6a. DATE OF INJURY	28b, TIME			28d. DESCRIBE H		CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY WC	RK7 /ES 2 NO					
5	2 Accident Investigation 3 Suicide 5 Could not be	Se. PLACE OF INJURY -	- At home, farm, si	reet, factory, offic	•	28f. LOCATION (St	reet and Numb	per or Rural Ro	ute Number,	
	4 Homicide determined	building, etc. (Specif)	1)			City or Yown, S	itato)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: T	o the best of my knowle	dge, death occurre	d et the time, date	and place, and dua	to the cause(s) and	manner sa si	lated.		
5	one) 2 MEDICAL EXAMINER: On to	he basis of examination	and/or investigation	n, in my opinion, o	eath occured at the	time, date and plac	e, and dua to	the cause(a)	and manner as stated.	
2	29b. SIGNATURE AND TITLE OF CONTINER				29c. LICENSE NUI	MBER	29d, D/	ATE BIONED (Wonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COM	DI FTED CAUSE OF OF A	H (ITEM 27) /5	Print)			> 4	1-16	4-90	
	M.F. TALE	HANI	4 (TEM 21) (NPS)	, ennj						
		2. REGISTRAR'S SIGNA								
	10'90 Suline	Tavidson-Rand	02							
	WITT 17 30								DHMH-18 Rev 1/89	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

urs after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	s medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the first with the State Dest. of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, La	ist)	OEIIII IO	AIL OI D	LAIII	2. DATE OF DEATH		3. TIME OF E	EATH
MARIE E.	GARGIULO				04 17	1		М
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	RTHPLACE (State o	
109 05 0454	1 M 2 XX	35 YRS.	NITHS DAYS H	OURS MIN.	Feb. 27 1		est Virg	inia
9a. FACILITY NAME (If not institution, gi	ve street and number)	98	b. CITY, TOWN OR I	OCATION OF DE	ATH	9c. COUNTY C	F DEATH	
RESIDENCE CEORCES!	HOSPITAL CENTE	=D	CHEVE	RLY		P.G.	COUNTY	
10a. STATE 10b. COU			OWN OR LOCATION				10d, INSIDE	CITY
Maryland Pri	nce George's	Bow	_				LIMITS?	
10e. STREET AND NUMBER	nee dearge s	1 DOW.		P CODE		10g. CITIZEN	OF WHAT COUNTR	
12811 Brunswic	k Lane		2	0715			d States	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENI	DENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14. F	RACE — American	
1 Never Married 2 Married	FORCES? 1 YES			y Cuban, Mexica	n, Puerto Ricen, etc.)		Black, White, atc.	
3 X Widowed 4 Divorced		No			No		White	:
15. DECEDENT'S I (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S USI	done during most of	f working	166. KIND OF BU	SINESS/INDUSTR	TY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re						
10		Homer	naker		Own Ho			
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)		
William Bowler		I STATE OF THE STA		2.00	a Shafer			
					Route Number, City or Tow)	
Marcia E. Clas					Bowie Man			
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 F	Removal from Stata	other place)			110000	CATION - City of		
4 Donation 6 Other (Specify)		Metropolit	an Crema			exandri	a Virgi	nia
01.40	6)			Funeral H	lome P.A	١.	
house c.	Coma (res.	16000	Annan	olis Rd. P	owie Mo		
23. PART I. Enter the diseases,	or complications that ceused ire. List only one ceuse on e	the death. Do not	enter the mode	of dying, such	as cardiac or reap	iratory arrest,		ximate
IMMEDIATE CAUSE (Finel	A			7	0			and Death
disease or condition resulting in death)	Acul	e K831	pirals	ry to	an lung			
	DUE TO (OR AS A	CONSEQUENCE OF		J				
Sequentially list conditions,	Ta \$5A	inalio	- 10	and &	mie			
If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	,					
CAUSE (Disease or Injury	C	CONSEQUENCE OF):						
that initiated events reaulting in death) LAST	DOE TO (OR AS A	CONSCOUENCE OF):						
	d						-	
PART II. Other algnificant condi		ut not resulting in t	the underlying o	euse given in			24b. WERE AUTOP	
Chronic O	hotruelive	Pulmon	our so to	Loca	PERFO		AVAILABLE PE COMPLETION	
			l				OF DEATH?	□NO
25. WAS CASE REFERRED TO MEDICA			26. PLAC	E OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 🗆 DOA 4	THER: Nursing Home	5 Realdence	6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	OF 28c. INJUR Y WORK	Y AT	28d. DEŞCRIBE HOW	INJURY OCCURE	D	
1 Natural 6 Pending 2 Accident Investigati		INSON		2 NO				
3 Suicide 6 Could not	be 26e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stre	et, factory, offica		28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,	
4 Homicide determine	d	,			Only or lown, class	,		
29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my know	ledge, death occurred a	at the time, date an	d place, and due	to the cause(a) and me	nner as stated.		
cont only	MINER: On the basis of examination						use(s) and menner	as stated.
295, SIGNATURE AND TITLE OF CERT		-		9c. LICENSE NUI	7,000		NED (Month, Day,	
17.00	- Je Key-) un	ľ	7 7-6	171	DATE SIG	1/17	10-
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Since St	(nt)	DUI	611		7/1//	70
Villance	REUGE		1	endo v	10	01.1.	~ ~	
31. DATE FILED (Month, Opy, Year)	32. BEGISTRAN'S SIGN		J01 46	and V	ar jul	Car.	wy 1 L	20/6
100 23 90	Sulia Saindr	- Rando 00						

permit, Pages 1, 2, 3 should

use as the burial-traxisit

detached for

page 5 should be

Ħ

notified

pe

E	9	100
9	100	E
200	9	e
Ë	69	듵
Jeat	Ę	Xa
10	the wal.	=
20	3 6	23
SIN	E =	e
	lled , r	-
2	y fi	\$
à	etel	at,
*	E S	2
3	8 18	3
90	200	ati
85	an of	틍
9	sici	5
fcat	E B	9
in the	무용	5
5	五百	6
eat	atte	خ
9	Se Pe	3
II th	20	=
=	3 5	an
res	eal	22
200	E 7	6
× 2	F 6	80
60	Dec	2
Ĕ	ate ate	E
ż	St	=
CIA	the	9
35	ith	8
4	品 ※	Ť
NG	fter	Ě
8	4.4	-69
H	D th	28
W.	REC	E
0	0 8	五
E	A S	-
SP	INE This	Z
포	5 3	¥
꾿	E PE	ò
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 m.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

FOR

31. DATE FILEO (Month, Day, Year)

DRUBACH MO

'90

32. REGIST HAR'S SIGNATURE

Julia Davidson-Randoll

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH GOLDON 03.20 90 Nicole Maria 13 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 - M 2 XF USA FYEST Week 0 us De. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harr. BELZNILLE AUREL GREATER LAUREL DIRECTO RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION Claurel Maryland Prince George 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8499 Imperial Drive 20708 United States 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 📉 Never Merried 2 🗌 Married White ВY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) N/A N/A N/A N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ENIDA GORDON GERARD GORDON BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 DK MIELIAL Gerard Gordon AUREL 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Re Meadowridge Memorial Park Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Fleck Funeral Home Inc. SIGNATURE OF FUNERAL SERVICE 7601 Sandy Spring Rd. Laurel MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition_ A RDIORESPIRATORY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HBRUPTIO N CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING FETAL DISTRESS CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE REMATURITY TOTES 2 | NO OF CEATH? AROLAPSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) atient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO ВҮ 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Chack and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination estigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONEO (Month, Day, Year) FOR DE LAURA DRUBACH 190 13 wie Mo 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types Print) 7100 CONTEE LD, LAUREL MD

K. PURINS

20707

40	2
Ö	certi
0.	death
Š	the
Ä	that
ECO	requires
<u> </u>	MP.
Z	The
5	AN:
P	PHYSIC
DIVISION OF VITAL RECORDS, P.O. B	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifics
S	S.
\wedge	HOSPITAL
11-1	포

	1 .	FOR STATE REGISTRAR		STATE OF MARYL			OF HEALTH A		AL HYGIEN REG. NO		0 12054
	1, 08	ECEOENT'S NAME (First,	Middle, Last) Helen	В.		ladwe11		2. DAT	E OF DEATN	AY YEA	3. TIME OF DEATH 9:45 P. M
	MI .	OCIAL SECURITY NUMBE 79–32–4594	R	5. SEX 6. AGE	(In yrs. lest birthde 64 YRS	MONTHS D		MIN. Sep	e of BIRTN onth, Day, Year)	1925 V	RTHPLACE (State or Foreign syntry) irginia
TO TO TO TO	1	709 Loch	Vess C				Washing			9c. COUNTY O	George's
L. Pages 1, 2, DIRECTO	10a.	state aryland	10b. COUNTY	e George's	1	ort Was	LOCATION hington				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
6 vysician. urial-transit permit. FUNERAL II	100.	709 Loch	Ness	Circle			101. ZIP CODE 2074	4		U.S.	A .
3146 ling physician. the burial-transit	1 🗆	MARITAL STATUS Never Married 2 1 1 Widowed 4 Divor		12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	lf y	S DECENDENT OF ea, specify Cuban, YES 2 1 NO	Maxican, Puerl	MN? (Specify Yes o Rican, etc.)		ACE — American Indian, Hack, White, atc. Specify: White
21203-	E	15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade (ATION completed) College (1-4 or 5+)	(Give kind ille. Do NO	Tuse retired.) Co	ing most of working	an's		SINESS/INDUSTR	
MARYLAND retained by the hospit 5 should be detached motified at once.	17, F	ATHER'S NAME (First, Mic		1	Admin.	<u>istrati</u>	16. MOTNE	R'S NAME (Firs	t, Middle, Maiden		SS
	11	informant's name (7) thur A. G1	pe/Print)	smaster, Sr.	19b. MAIL		Street and Number o	Rural Route Nu		rn, State, Zip Code	dd. 20744
IMORE, n Page 6 may be il director, page ner must be 1	1 (2)	METHOD OF DISPOSITION ABuriel 2 Cremetion Donation 6 Other	3 Ramo	val from State	b. PLACE OF DIS	od Ceme	of cometery, cremain	tory or	20c. LC Mt .	Kisco.	New York
BALTIMORE, after death. Page 6 may by the funeral director, pag moval.	21.5	HONATORE OF FUNERAL	SERVICE LIC	Kales		22. NA Ge 6.	me and address eorge P. 160 Oxon	Kalas Hill	Funera Rd. Oxo	1 Home	, Md.
24 nours after the property filled in by the property the medica	IMA	PART L Enter the di- ahock, or he MEDIATE CAUSE (Fin- ease or condition uiting in death)	ert fellure. L	omplications that cause on elet only one ceuse on elet only one ceuse on electronic Due to (or as	d the daeth, Deach lina.	octie.	Leuken		ardiec or reap	iratory arrest,	Approximata Interval Between Onset and Death
O. BOX 1314. h certificate be executed noting physician and con Hygiene prior to build, or other traumatic en erriFICATION	if a cau	quentially list condition, leading to immediate. Enter UNDERLY!! Use. Enter UNDERLY!! Unitiated events uiting in death) LAST	Hate NG Ty	DUE TO (OR AS							
RECORDS, requires that the control of the stand Me shows any Injury; MEDICAL	1	Recurrent A	Pymov	s contributing to death if $\hat{\mathcal{X}}_{\mathcal{A}}$	but not resulti	ng in the unde	orlying cause gi	ven in Part i.	24a. WAS AN PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIGAN: The law certificate has by the State Dept. I, or item 23 s HYSICIAN;		WAS CASE REFERRED TO EXAMINER? 1 YES 2 AO	MEOICAL	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 🗆 DO	OTHER:	26. PLACE OF DEA				
ON OF DING PHYSIC After this cer death with th s marked, BY PHY	1 2	Accident I	Pending nvestigation	28a, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJUR			BC. INJURY AT WORK? 1 YES 2	NO		INJURY OCCURE	D ural Route Number,
DIVISION OR ATTENDING DIRECTOR: After hours after deatt teem 28 is ma	1	Homicide	Could not be letermined	building, etc. (Spe	ecify)			C	ity or Town, State)	Wat Floore Harrison,
HOSPITAL HUNERAL WITHIN 72 MANT: II		(Check only	CAL EXAMINE	CIAN: To the best of my known. R: On the basis of axamination			nion, death occure	d at the time, d		nd due to the cau	use(a) and manner as stated.
TO BE		Harvey	VK	CONSULETED CAUSE OF D	MO EATN (ITEM 27)	Type, Print)	020	0352		1 4	13 - 9 C
	1	HARVEY DATE FILED (Month, Day,	To,	KATZEN / 132, REGISTRANTS AND LINE DOWN COOK-NO	M.D.		8926 W Clinto		o ko. vland 2	#201 20735	
	AP	R 16 '90	g	in variason-1/a	· forme						

DHMH-16 Rev 1/89

13146,	
BOX	
P.0.	
RECORDS,	
VITAL R	
OF	
VISION	

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9:15 p. Carmina Giampiccolo 1990 April 11 8. BIRTHPLACE (State or Foreign SOCIAL SECURITY NUMBER S SEY 6. AGE (In vrs. IF UNDER 1 YEAR 7. DATE OF BIRTH MONTHS DAYS HOURS 1 M 2 X F 102-22-5573 59 New York 11 - 20 - 30Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7502 Overlook Court Prince George's Oxon Hill 10e STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY 1XXYES 2 NO Maryland Prince Georges Oxon Hill FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20745 as the burial-transit 7502 Overlook Court USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 X NO Specify: after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 X Married Specify: BY 3 Widowed 4 Divorced White 03 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comple H ò Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 2 yrs. Technical Writer Government Contractor 17. FATHER'S NAME (First Middle Lest) 18, MOTHER'S NAME (First, Middle, Maiden Surname) 76 Frank Fratarelli Concetta Bucci be notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 7502 Overlook Ct. Oxon Hill, Md. 20745 Louis Giampiccolo 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 🏋 Cremation 3 ☐ Removal from State
4 ☐ Donetion 5 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must director, Metropolitan Crematory Alexandria, Va. examiner 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 21. SIGNATURE OF PENERAL SERVICE AICE the funeral 6160 Oxon Hill Rd. Oxon Hill, 20745 Md. ed in by the or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory street, **Approximate** ahock, or heart failure. List only one cause on each line. filled in I Interval Batween Onset and Death IMMEDIATE CAUSE (Final completely filled rial, cremation, o the (ARCINOMA disease or condition ANCREATIC resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF). burial. traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 9 ending physician a Hygiene prior to If sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 een signed by the atter of Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO CARCNOMA amy COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 23 shows 1 TES 2 NO has been : Dept. of F Sereno MO4-12-EU PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The Item the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, with 1 Natural 5 Pending Investigation 1 YES 2 NO After the death v BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 🔲 Suicide 6 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 Hem 29s. CERTIFIER
1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. FUNERAL Within 72 h MPORTANT: H 2 🔲 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) BE 표별 0 Michie 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3370 6 Michael F. York, M.D.5506 Green Landing Rd. Upper Marlboro Md. 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE 16 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2		4
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		the second secon
喜	52		-
y De	age		1
ma	5		1
9	8		1
Page	dire		-
eath.	unera		1
fler d	the !	oval.	20
10	5	ше	-
000	,u	6	1
1 47	file	ou.	1
E	tely	шар	4 4
Wit	nple	Cre	-
red	69	9	-
360	and	P	A.A.A.
96	ian	of the	1
9	ySic	Duic	
ifica	듄	aue	4
9	ding	1	1
#B	rtten	tal	
6	he a	Men	
#	5	pu	
4	ped	5	i
uire	Sign	Hea	1
req	Deen	0	4
we a	has t	Dept	00
Ě	ate	tate	1
A	rtific	S al	
Sic	S Ce	4	1
F	=	h Wi	-
DING	Afte	deat	
TEN	OR:	fter	
A	ECI	53	
OR	OIR	hou	
M	M	2	
SPI	NEF	thin	-
FE	E FU	ME	i
H	王	Sec.	-
2	2	9	

	1. DECEDENT'S NAME (First, Middle, Last	ERINEM	10 HRE	FP		DATE OF DEATH	1 5 19	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 180-24-0574	5. SEX 6. A	GE (In yrs. lest birthday) 9 YRS.		NDER 24 HRS. 7. I	DATE OF BIRTH (Month, Day, Year) 2.0. 28,1	8	BIRTHPLACE (State or Phraign Country) ENNS ylvania	
)	9a. FACILITY NAME (If not institution, give		7	9b. CITY, TOWN OR LOC		20, 20,	9c. COUNTY		
ECTOR	Western Maryland Center-1500 PA Ave Hagerstown, MD 21740 Washington								
DIREC	Maryland Wash	vington		y, town on Location erstown				10d. INSIDE CITY LIMITS? 1X YES 2 NO	
AL	10e. STREET AND NUMBER		Triong	101. ZIP C				OF WHAT COUNTRY?	
FUNER	1500 Pennsylvana 11. MARITAL STATUS	12. WAS DECEDENT EV		13. WAS DECENDED	21740 NT OF HISPANIC O	RIGIN? (Specify Yea	USA or No — 14	. RACE — American Indian, Block, While, etc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1		If yes, specify C	NO Specify:	arto Rican, etc.)		Specify: White	
TED	15. DECEDENT'S ED (Specify only highest grad		16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during most of w	rorking	16b. KIND OF BUS	SINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	##6. DO NOT 8	Homemaker		Home			
-	17. FATHER'S NAME (First, Middle, Last) UNRNOWN					First, Middle, Maiden NMN Pea			
TO BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Nur	mber or Rural Route	Number, City or Tow		ode)	
-	20g, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commetery, crematory or 20c. LOCATION — City or Town, State								
	1 X Buriel 2 Cremetion 3 Removel from State Hillside Cemetery Roslyn, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
		- A		Davis F	Funeral	Home		01460	
	23. PART I. Enter the diseases, Disease of heart fellow					Smiths but cardiac or reapi			
	IMMEDIATE CAUSE (Final disease pr condition	P.		1.77				Onset and D	
	resulting in death)		AS A CONSEQUENCE O					1 Wil	
NO	Sequentially list conditions, if any, leading to immediate	b. CONG DUE TO (OR	ESTIVE AS A CONSEQUENCE O	HEART	FAIL	un		Mong g	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c. ARTEI	EI'S SCUNDI	Hic HEAR	T DI	'Sease		Many g	
CER		d							
7	Chrome Abstan			en the underlying cau	do d	PERFOR	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
2			0	7.2.	0			1 YES 2 NO	
MEDICAL	· ·								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			OF DEATH (Check of	only one)			
	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER	JRY 285, TIE	OTHER: 4 Nursing Home 5	☐ Residence 8 🖹	Other (Specify)	HRON		
PHYSICIAN:	EXAMINER?	1 ☐ Inpatient 2 ☐ ER 28e. DATE OF INJU (Month, Day, Y	JRY 285, TIE	OTHER: 4 Nursing Home 5 [ME OF 28c, INJURY A JURY WORK?	☐ Residence 8 🖹	, ,			
ED BY PHYSICIAN:	EXAMINER? 1 VES 2 V NO 27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inputient 2 ER	JRY 28b. TIN IN JURY — At home, farm,	OTHER: 4 Nursing Home 5 AE OF JURY WORK? M 1 YES	Residence 8 AT 28 2 NO	Other (Specify)	NJURY OCCU	RED	
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF INJU (Month, Day, No. 1) 28e. PLACE OF IN. building, stc.	JRY 28b. Tilk IN JURY — At home, farm, (Specify) knowledge, death occur	OTHER: 4 Auraing Home 5 8E OF 28c. INJURY YORK? M 1 YES street, factory, office	Residence 8 PAT 28-2 NO 28-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Other (Specify) d. DESCRIBE HOW I f. LOCATION (Street City or Town, State) the cause(a) and mai	and Number or	RED Rural Route Number,	
LETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28e. DATE OF INJU (Month, Day, You building, etc. 28e. PLACE OF IN, building, etc. 28e. PLACE OF IN, building, etc.	JRY 28b. Tilk IN JURY — At home, farm, (Specify) knowledge, death occur	OTHER: 4 Nursing Home 5 AE OF 28c. INJURY WORK? 1 YES Atreet, factory, office	Residence 6 AT 28 2 NO 28 Place, and due to to occured at the limit	Other (Specify) d. DESCRIBE HOW I f. LOCATION (Street City or Town, State) the cause(a) and main, date and place, ar	and Number or	RED Rural Route Number,	
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIF	28e. DATE OF INJU (Month, Day, You building, atc. 28e. PLACE OF IN building, atc. 28e. PLACE OF IN building, atc.	JRY 28b. Tilk IN JURY — At home, farm, (Specify) knowledge, death occur nation and/or investigate	OTHER: 4 Auraing Home 5 8E OF WORK? M 1 YES street, factory, office	Realdence 8 2 2 NO 28 2 NO 28 Place, and due to 1 poccured at the time.	Other (Specify) d. DESCRIBE HOW I f. LOCATION (Street. City or Town, State) the cause(a) and mail a, date and place, an	and Number or	RED Rural Route Number,	

ME

.

U 21203-3146

BALTIMORE,

-6	-		6
9	4	\$	-
1	2	Ĕ	3
55	-	9	2
3	=	5	E
	<u>a</u>	-	-
	E	10	ě
-	2	質	-
E	종	ET.	E
*	d	ö	2
9	8	700	10
5	20	Ë	2
8	Ĕ	ă	क
8	-	2	E
8	ē	6	8
90	Sic	ž	55
(0)	E	63	1
4	-	E	ě
63	8	ē	6
0	ō	£	=
#	ě	70	0
9	50	E	2
63	25	š	3
\$	1	0	Ξ,
te	5	S	20
5	8	5	등
62	5	동	40
=	S	운	3
00	5	To	2
-	8	_	60
8	43	60	23
63	P		-
F	te	35	툽
÷	3	St	-
X	tin.	63	=
9	e	#	-
32	w	₽	D
표	-	3	픈
CD	100	5	-
Z	=	63	100
9		0	60
Ш	8	te.	00
5	5	10	2
oc.	분	2	E
0	ō	2	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
=	2	1	-
S	묏	五	Z
9	5	퓻	3
14.4	LA	>	F
E	王	8	Š
_	-	4	-
P	E	Z	=

10

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	30456 11				2. DATE OF DEATH		AFI PA	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	JAMES W. I	(In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	Apr. 19			O:30 A M	
1	217-36-0066	1 × M 2 F	81 YRS.		AYS HOURS MIN.	(Month, Day, Year)	C	Country)		
İ	9a. FACILITY NAME (If not institution, give at	1 7 01 100/20/00 1141/10								
r l	Memorial Hos				aston		Tal			
DIRECTOR	RESIDENCE OF DECEDENT						I I d I	DU C		
ͳ	10a. STATE 10b. COUNTY			r, TOWN OR				100	I. INSIDE CITY LIMITS?	
		coline	F	edera	lsburg				YES 2 NO	
¥	10e. STREET AND NUMBER	5.7			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
N N	Rt. 1, E	N U.S. ARMED	40.140	21632 B DECENDENT OF HISPAI			S.A			
BY FUNERAL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2X NO DATES	IS. VIII.		Black, WI Specify:					
EDE	16. DECEDENT'S EDUC					16b, KIND OF BU	NAME OF THE PARTY.		White	
<u>"</u>	(Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of v IIIa. Do NOT us	vork done dur	ng most of working	166. KIND OF 803	SINESS/INDUST	HY		
COMPLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Farme	er		Agric	ultur	е		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BEC	Fredrick Paul	Glime			Fannie	e Richard	son G	limo	е	
0 10	19a, INFORMANT'S NAME (Type/Print)				treet and Number or Rural					
-	Mrs. Evelyn M.				ox 57, Fe					
20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 4 Donation 6 Other (Specify) 4 Donation 6 Other (Specify) 20c. LOCATION — City or Town, State Federalsburg, MC										
	21. SIGNATURE OF FUNDIAL SERVICE LIC	CENSEE	P	22. NA	ME AND ADDRESS OF FA	CILITY				
	VAJAS NO	Enking	2)		ramptom-Hederalsh			1 H	ome	
	23. PART I. Enter the diseases, or o	complications that cause							Approximata	
	IMMEDIATE CAUSE (Final	List Only One Cause On	recii iiiig.						Interval Between Onset and Death	
	disease or condition a. Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF):									
2	Coronary artery disease with valvular insuff. ?									
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
5	cause. Enter UNDERLYING CAUSE (Disease or injury Due TO (OR AS A CONSCOURNCE OF):									
RTIFICATION	resulting in death) LAST	that initiated events								
S						5-11			20 yrs	
8	PART II. Other algnificant condition	ia contributing to death	but not remulting	in the unde	irrying cause given in	Part I. 24a. WAS AN PERFOI		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE	
MEDIC						1 YES 2	□ NO	OF	DEATH?	
								1 [YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		-		26. PLACE OF DEATH (C)	heck only one)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Our	Ipetient 3 XDOA	OTHER:	g Home 6 - Residence					
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM		Sc. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED		
BY	1 Netural 8 Pending 2 Accident Investigation	(monn), buy, roury	IN.		1 YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecify)	street, factor	r, offica	261. LOCATION (Street City or Town, State,		Rural Flout	e Number,	
9	29a. CERTIFIER 1 X CERTIFYING PHYSI	ICIAN: To the best of my kno	wlades doub seem	ad at the time	and alone and de-			_		
COMPLETE	(Check only	R: On the basis of examineti						iuse(s) an	nd manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R	001	177	29c. LICENSE NU	MBER	29d. DATE SI	ONED (Me	onth, Day, Year)	
0 8	100/-	upper	er N	1	D11021		14-	20	0-90	
¥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)						
	H. R. Trapnell			ingda	ale Ave.,	Federals	burg,	Md	. 21632	
	APR 2 4 90	32. REGIŞTRAR'S SIG		&						

BALTIMORE, MARYLAND 21203-3146

be filed within 72 hours after death with the State Dept. of Heath and Mental Pygiene pror to bunal, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
REGISTRAR	CERTIFICATE OF DEATH	DEG NO

- REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	. NO.				
1. DECEDENT'S NAME (First, Middle, Last	1)				2. DATE OF DEA	TH		3. TIME OF GEATH		
MINNIE	ESTELLE	GAMBR	ILL		04 -	06 -	90	4:10 P		
4. SOCIAL SECURITY NUMBER 2 19-07-7901	5. SEX 8. AGE	(In yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye SEPT,	H	8. BIRTH	IPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give			h CITY TOWN (R LOCATION OF DE			UNTY OF E			
	SALISBURY NURSING HOME SALISBURY WICOMICO RESIDENCE OF DECEMENT									
100, STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY		
MARYLAND W	ICOMICO	S	ALISBUR	Y				t YES 2 NO		
JOHN B. PARSONS 11. MARITAL STATUS	HOME, LEMON F	IILL	101. ZIP CODE L 2 180 1					WHAT COUNTRY?		
3XXWidowed 4 □ Divorced	ever Married 2 Married FORCES? 1 YES 2 X			ARMED 13. WAS DECENDENT OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL OF HISPANIC ORIGINAL			14. RACI Blac Spec	E — American Indian, k, Whita, etc.		
15. OECEOENT'S EC	DUCATION	16a. DECEDENT'S US			16b. KIND C	F BUSINESS/IN	OUSTRY			
15. OECEOENT'S Et (Specify only highest grate Elementary/Secondary (0-12) 6 YEARS 17. FATHER'S NAME (First, Middle, Last)	Elementary/Secondary (0-12) College (1-4 or 5+)			9Ne kind of work done during most of working DUSEWIFE						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, M	laiden Surname)				
	HAMILTON	EVANS		GEORGI	A ANI	I H	IORSE	MAN		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City	or Town, State, 2	lip Code)			
PARSONS FOUNDAT	ION	312 E	. MAIN	ST., SAL	ISBURY,	MD 2	21801			
20a. METHOD OF DISPOSITION 4/10/90 1Y Burlai 2 Gremation 3 memoral from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of correctory, crematory or other place) MARDELA MEMORIAL CEMETERY MARDELA										
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE / 11		22 NAME AL	WAY FUNE	SHOT HOME	Z DA				
El hota	Malloc	coup		NOW HILL			, MD	21801		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
d							b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			26. PI	ACE OF DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out		THER:	e 5 🗆 Residence		54)				
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	OF 28c. IN.	URY AT	28d. OESCRIBE		CCURED			
1 Netural 6 Pending 2 Accident Investigation		INJU	M 1 🗆	PRK? YES 2 NO						
2 Accident Investigation 3 Suicide 6 Could not b	building, etc. (Spo	IY — At home, farm, atr ecify)	eet, factory, offic		28f. LOCATION (City or Town,	Street and Numb State)	er or Rural	Route Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHY CONTROL OF THE CONTROL OF THE CHARACTER (Check only one) 1 CERTIFYING PHY ONE (Check one) 1 CERTIFYING PHY ONE (Check one)	YSICIAN: To the best of my know							(s) and manner as stated.		
COL CIONATURE AND TITLE OF CONTR				29c, LICENSE NUI				D (Month, Day, Year)		
	L-Hoa		m		5219			7 - 90		
30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Image)	Prine)	DU.	77/			- 10		
CHARLES D. STE		RT. 50 8	CIVIC	AVE. SA	LISBURY	, MD	21801			
ADD 1 1 90	32. REGISTRAR'S SIG	and Rs								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within car nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--	--

						90	12899	
	1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat) HEIDI	MARIE	6	sore	2. DATE OF DEATH DAY	1990 YEAR	3. TIME OF DEATH 2230 M	
	A SECRETARION OF THE SECRETARION	5. SEX 6. AGE (In yrs. 1 M 2 PF et and number)	YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. 1 13 Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) APRIL 18,	Country	YLAND '	
DIRECTOR	Paningula General I			isbury, MD		Wicomico	10d. INSIDE CITY	
	DELAWARE SUSS	SEX	DELM	AR		LIMITS? 1 YES 2 NO		
FUNERAL	RT 2, BOX 60 D			19940		10g. CITIZEN OF WI		
BE COMPLETED BY FU	11. MARITAL STATUS 1 X X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 (IF YES, GIVE WAR OR DATES	ARMED 13	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	r No— 14. RACE Black, Speally	— American Indian, White, etc.	
	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) NONE	TION 16a. College (1-4 or 5+) NONE	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. NONE	during most of working		D OF BUSINESS/INDUSTRY NONE		
		JYLER	GORE	ANGEL		CIA	CCIO	
10	19a. INFORMANT'S NAME (Type/Print) ALAN S. GORE			SS (Street and Number or Rural X 60D, DELMA		State, Zip Code) 940		
	20s. METHOD OF DISPOSITION 4/22 1 K Burlel 2 Cremation 3 Remov	ral from State Othe	r n/ace)	lame of cemetery, crematory or ORIAL PARK		LISBURY,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MI							
	23. PART I. Entar the diseases, pr co shock, or haert fellure. Li IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	st only one cause on each	death. Do not anti		ch as cardiac or respira		Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF:	J				
MEDICAL CE	PART II. Other significant conditions	contributing to deeth but no	ot resulting in the I	inderlying ceuse given in	Part I. 24e. WAS AN A PERFORM	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M		HOSPITAL:	ОТНІ				1 YES 2 NO	
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street, fa	I ctory, office	28t. LOCATION (Street an City or Town, State)	d Number or Rural R	oute Number,	
COMPLETED	(Origon drift)	IAN: To the best of my knowledge: On the basis of examination and					and manner as stated.	
BE C	29b. SIGNATURE AND TULE OF CERTIFIED	111.		29c, LICENSE NI	UMBER	29d. DATE SIGNED	(Month, Day, Year)	

2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) APR 2 6 90

TO BE COMPLETED BY FUNERAL DIRECTOR

		F. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical	
final final	emation,	nt, the	
1	urial, cri	tic ever	
	rior to b	trauma	l
Carl Barre	rgiene p	other	
2	Î	6	l
-	Menta	m 28 is marked, or item 23 shows any injury, or oth	
5	h and	any l	
in River	Heal	OWS	
200	lept. o	23 sh	
Control	State [ltem.	
0.00	the	0	i
O OME	with	rked,	
San C	death	133	١
	after	28 1	١
2	HOURS	Hem	
2	2	=	l
1	-	1	1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	, Middle, Lest)					2.			2. DATE	2. DATE OF DEATH 3. TIME			3. TIME OF DEATH
ALEXANI	DRIA	JE S	SSICA			(rare			47	n: / 7	9 19	90	0140 "
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER 1 YE		ER 24 HRS.		OF BIŘ(TH h, Day, Year)	1		IPLACE (State or Foreign
900-101-8	214	1 🗆 M 2 🕡 F			YRS.	MONTHS DA	YS HOUR	24		RIL 19	1990	Count	MARYLAND
Sa. FACILITY NAME (If not in	stitution, give s	treet and number)				96. CITY, TO	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						
Peninsula G	onoral	Hoopita	1			0.14.1							
Peninsula G						Salisbury, MD					Wice	mie	
10a. STATE	10b. COUNT	,			10c. CITY	Y, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
DELAWARE	SUS	SSEX				DELN	1AR						1 YES 2 NO
10e. STREET AND NUMBER							101. ZIP C	DE			10g. CIT	ZEN OF V	VHAT COUNTRY?
RT 2, E	30X 60	D						19940)			11	SA
11. MARITAL STATUS		12. WAS DECEDER				13. WAS	DECENDEN	OF HISPA	NIC ORIGI	17 (Specify Yes	or No-	14. RACI	- American Indian, c, White, atc.
Never Married 2		FORCES?			v		s, specify Co YES 2 X P			Hican, etc.)		Spec	
Widowed 4 Dive	erced	<u> </u>											WHITE
15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)		(Gh	ve kind of v	USUAL OCCU	PATION or most of wo	rkina	16b	KIND OF BUS	SINESS/INC	USTRY	1 - 10111-4
Elementary/Secondary (College (1-4 or 6	+)	life.	Do NOT us								
NONE		NONE			NO	NE				NON	IE.		
17. FATHER'S NAME (First, M	liddle, Last)						18. M	THER'S NA	ME (First,	Middle, Maiden	Surname)		
ALAN	SC	CHUYLER		G	ORE			ANGI	ELA	MARI	E	CI	ACCIO
19a. INFORMANT'S NAME (Type/Print)			19b	MAILING	ADDRESS (St	reet and Num	ber or Rural	Route Num	ber, City or Tow	n, State, Zij	Code)	
ALAN SCH	UYLER	GORE		R	Т 2.	BOX 6	I.d oi	ELMA	R. DE	LAWARE	1	9940	
20a. METHOD OF DISPOSIT	TON 4/2	2/90	20b.	PLACE (OF DISPOS	SITION (Name	of cometery, o	rematory or			CATION -	City or To	wn, State
L Donation 5 Other		oval from Steta	_ W1	COM	TCO :	MEMORI	AL PA	RK		SAI	ISBU	RY,	MD
21. SIGNATURE OF FUNERA	L SERVICE LK	ENSER	,			221 NAM	F AND AND	RESS OF FA	KALITY	HOME, F) A		
> act	27	Gello	um	1									2 2 1 2 2 1
23. PART I. Enter the d	/			6									D 21801
IMMEDIATE CAUSE (Findings or condition resulting in death)	nal -	a. Car	die 1	CONSEC	WISC OF	Long	ar	resi	4				interval Between Onset and Deati
		· SPA	1 0 201	n 41	sit								
Sequentially list condition if any, leading to imme		DUE TO	OR AS A	CONSEG	UENCE OF	7 :							
cause. Enter UNDERLY CAUSE (Disease or inju	ING	C.											
that initiated events		DUE TO	OR AS A	CONSEG	UENCE OF	F):							
resulting in death) LAS	эт	d								_			
PART il. Other significa	ent condition	a contribution to	s double by	4		In the conduc	dula a la acció		Pho-A I			Lau	
TAIT II. Outer significa	ant contamp	- contributing to	o destit bu	וו ווטנ וי	saulung i	in the under	lying caus	e given in	Port I.	24a. WAS AN PERFOR		240	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
										1 TYES 2	DENO.		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:				OTHER:	6. PLACE O	OEATH (C	heck only o	ne)			
1 TYES 2 THO		1 Inpetient 2	☐ ER/Outps	itlent 3	□ DOA	4 Nursing	Home 6	Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day: Year)		28b. TIM	E OF 260	WORK?		28d. OE	SCRIBE HOW	NJURY OC	CURED	
1 Netural 8 2 Accident	Pending Investigation					M 1	YES :	□ NO					
3 Suicide 6	Could not be	28e. PLACE building	OF INJURY	At ho	me, farm, a	street, fectory,	offica			CATION (Street or Town, State)		r or Rural	Route Number,
4 Homicide	determined												
1 CERTIFIER	TIFYING PHYS	ICIAN: To the best of	f my knowle	edge, de	oth occum	ed at the time.	data and ol	ce, and du	to the co	use(a) and me	nner sa etc	ted.	
Torribation of the													a) and manner as stated.
ISB. BIGNATURE AND TITLE		0		4 1000									
71/2	4	1					29c. 1	JCENSE NU	CZZ	_	29d. DA1	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	4/16	JULIU .	Ru-	711		24.0		10	rul	U	4/		10
Daniel E	Iselma	nr 13	3 me	dic	af (Cente	18	elis	hung	md,	218	01	
APR 26	90	32. REGISTR	AR'S SIGNA	TURE					0				

146	n physicia	burial-tr		
BALTIMORE, MARYLANG 2008 146	be retained by the	ge 5 should be delegated as 5	Contract of the Contract of th	a notified at once
BALTIMORE,	24 nours after death. Page 6 may b	filled in by the funeral director, pag	non, or removal.	the medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x frours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it	be filed within 72 hours after death with the State Dept. or Hearth and Mental Hyglene prior to burnal, cremand	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAI	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last) RAYMOND	GARR	ETT			2. DATE MONTH O4	OF DEATH DAY	199	AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579–54–7963	15€M 2 □ F	(In yrs. lest birthdey) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	1-27	OF BIRTN Day, Year) 7—42	N	Ountry)	CE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give in 1103 Chapel Wood RESIDENCE OF DECEDENT				Pleasant			9c. COUNTY Prin		eorge's
DIRECTOR	10a. STATE 10b. COUNT	CE GEORGE'S	10c. CIT	Y, TOWN OR LOC SEAT I	ATION PLEASANT				113	d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1103 CHAPEL WOOD	LANE		1	or, ZIP CODE	0743		10g. CITIZEN	U.S	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, i	ECENDENT OF HISPA specify Cuben, Mexic S 2 X NO Speci	an, Puerto I			Black, W	American Indian, hite, etc. BLACK
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Cotlege (1-4 or 5+)	Iffe. Do NOT u	work done during r se retired.)			KIND OF BUS		RY	
COMPLET	12th grade 17. FATHER'S NAME (First, Middle, Lost) STEVE GARRETT		LABORE	IR .	18. MOTHER'S N	AME (First, I				
TO BE	STEVE GARRETT ANNA BROADWATER 19a. INFORMANT'S NAME (Type/Print) JOHN C. GARRETT 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5223 CENTRAL AVENUE CAPITAL HEIGHTS. MD.								207/3	
	20s. METHOD OF DISPOSITION Description	noval from State	OL PLACE OF DISPO HARMONY	SITION (Name of a MEMORIA	L CEMETE	RY	20c. LOC	DOVER,	or Town,	State
	21. SIGNATURE OF EMPERAL MEROVICE LI	ayloll		²² . ROL 433	CINS FUN 9 HUNT PI	ERAL LACE,	HOME, N.E.	INC. WASH.	D.C.	20019
	23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute my	ocardial	disease	node of dyling, suc	ch as care	flac or reapir	atory srrest,		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Carcaroome of the storage Analysis Performed? ANALABLE PRIOR									AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- LOGBIYAL			PLACE OF DEATH (C	heck only or	ne)			
YSIC	1 X YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Ou			ome 5 X Rasidence	7				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	Y 28b, TIN		NJURY AT VORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (Sp	RY — At home, farm, pecify)	street, factory, of	lice	281. LOC City	ATION (Street a or Town, State)	nd Number or f	Bural Flout	e Number,
COMPLETED	onel	SICIAN: To the best of my known that the basis of examinat							ruse(s) ar	ed manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Deputy Med	lical Exa	miner	29c. LICENSE NU	-				onth, Day, Year)
2	AND ADDRESS OF PERSON WI	The second secon			D099				/23/	90
	John S. Rogers,	M.D., 1919 S		Road, S	ilver Spr	ing.	MD 20	910	-	
	100 36 '00	P. O. Kriedans	Bruda Do.					- 3		

									30	12302
	FOR 1 - STATE	STATE OF MAR		PARTMEN			MENTAL HYGIEN	E		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CER	TIFICAL	E OF	DEATH	REG. NO.		3. 1	TIME OF DEATH
	ESTUFR	B. 61	BSON				MONTH DA	7	YEAR /	152 "
	4. SOCIAL SECURITY NUMBER	7	NGE (In yrs. lest birti	hday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTNPLAC	CE (State or Foreign
	244-44-3272	1 🗆 M 2 💢 F	60 Y	RS. MONTHS	DAYS	HOURS MIN.	9-15-29	N		Carolina
	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CI	TY, TOWN O	R LOCATION OF DI		9c. COUNT	TY OF DEATH		
5	MARFORD MEM	LORIAL H	OSPITA	rL H	AVIC	E DE	GRACE	H:	ARFO	FD
8	Ma, STATE 10b. COUNTY			c. CITY, TOWN		ION			10d	. INSIDE CITY
5-1	MD H	arford		Aberde	een					YES 2 NO
1	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?
UNERAL	702 Custis St.					21001			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 XNO	1:	If yes, spe	city Cuban, Maxica	HC ORIGIN? (Specify Yea m, Puerto Ricen, atc.)	or No-	Black, Wh	
	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 XNO Specif	y:		Specify:	Black
ב	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECED	ENT'S USUAL	OCCUPATIO	IN et al working	16b. KIND OF BUS	SINESS/INDU	JSTRY	
ü	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do	NOI use retired	l.)	at or working				
COMPLE	//		C00	K			food s		<u>e</u>	
	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Melden	Surname)		
N N	Lewis Coachman		19b. M/	AILING ADDRE	SS (Street a		e , Bertha Route Number, City or Tow	n State Zio	Codel	
2	Brenda Gibson						en,MD 2100		,	
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram	and from State				netery, crematory or	7	20c. LOCATION — City or Town, State		
	4 Donatton 5 Other (Specify)	1 1	Harfo	rd Men				ino M		
	21. SIGNATURE OF FUNERAL SERVICE LA	SENSEE ()	/	Arno	d W. Be	ard Funera	1 Ser	vice		
	· newby /N	Muy					Havre de			
	23. PART I. Enter the diseases, or shock, or heart fellure.			. Do not ent	er the mo	de of dying, suc	h aa cerdlec or reap	ratory erre	et,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	-								Onsat and Death
	disease or condition resulting in death)	. SEPS							3-4 DAYS	
HILLAHON	Sequentielly list conditions, If env, leeding to immediets b. LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):									
3	CAUSE (Disease or Injury									
	thet initieted events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUE	NCE OF):						
CER	Total and a state of the state	d								
	PART II. Other significent condition						Part I. 24a. WAS AN			THE AUTOPSY FINDINGS
MEDICAL	CHEONIC OF	STRUCT	UF BU	MONTH	JAPO	1 1/2	SE 1 TES :		co	MPLETION OF CAUSE DEATH?
E							_		1 (YES 2 NO
Z Z	25. WAS CASE REFERRED TO MEDICAL	1			04 01	ACE OF DEATN (C	Land cate and			
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	Mountainet 3 🗆	ОТН	ER:		8 Other (Specify)			
È	27. MANNER OF DEATN	28a. DATE OF INJ	URY 2	8b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE NOW	INJURY OCC	URED	
BY T	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	rouir)	INJURY M		YES 2 NO				
2	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	IJURY — At home, (Specify)	ferm, street, 1	actory, offic	•	28f. LOCATION (Street City or Town, State		or Rural Route	Number,
COMPLETE	4 Nomicide detarmined									
7	CONSTRUCTION OF THE CONTROL OF THE C	SICIAN: To the best of my								
Š	2 MEDICAL EXAMINI	ER: On the basis of axam	ination end/or inve	etigation, in m	y opinion, c	leath occured at the	time, date and placa, a	nd due to the	e cause(e) an	d manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	R // ()		11 1		29c. LICENSE NU		29d. DATE	SIGNED (MO	onth, Day, Year)
0	30, NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE O	MACA	1	\	<u>b-3</u>	81-99		7/39	1/90
	ANN MARIEU NH	ACKIEWICZ	S AM	103 L	AUR	EL BUS	H ROAD	BEL	_ AIR	41016 GM
	31. DATE FILED (Month, Day, Year)	22 RECHTRAR'S		111 (197				-		
	14	1 //								

1	•	FOR STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF DEAT		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)			,	2. 0	DATE OF DEATH	. 22	3. TIME OF DEATH		
	Magdalena Eulalia	a Arrunategi	ui Martin	ez de Garcia	Ar	oril 22,	1990 YEAR	8:45 Am		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 1	24 HRS. 7. D	ATE OF BIRTH	8. BIRT	THPLACE (State or Foreign		
	523-23-6279	1 M 2 X	68 YRS.	MONTHS DAYS HOURS	MIN.	Month, Day, Year) Jan. 23,	1922 P	eru		
	9a. FACILITY NAME (If not institution, give stre	7171		9b. CITY, TOWN OR LOCATIO		, ani. 20,	9c. COUNTY OF			
DIRECTOR	3005 Schubert Dr	ive		Silver Spring Montgomery						
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40a CIT	Y, TOWN OR LOCATION						
								10d. INSIDE CITY LIMITS?		
	Maryland Monto	gomery	13	Silver Spring				1 ☐ YES ≱☐ NO WHAT COUNTRY?		
FUNERAL	3005 Schubert Dr	ive		20904				S. America		
5		12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF			or No- 14. RA	CE — American Indien, ck, White, etc.		
2	1 Never Married 2 Married 3 Widowed 4 Divorced	DATES	If yes, specify Cuben	Specify:	erto Mican, etc.)		Hispanic			
	15. DECEDENT'S EDUCA	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY				
	(Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of v	work done during most of working se retired.)	7						
ਵ	12	College (1-4 or 5+)	House	ife		Home		_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
M L	Juan Arrunategui			J	uana M	lartinez				
0	19a. INFORMANT'S NAME (Type/Print)	19b. JAILING	ADDRESS (Street and Number	or Rural Route	Number, City or Tow	n, State, Zip Code)				
2	Patricia Villone	Garcia	8618	20th Avenue	Adelp	ohi, MD	20783			
	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	BITION (Name of cemetery, creme	atory or	20c. LO	CATION — City or	Town, Stata		
3	1 Burial 2/D Cremation 3 Removed 4 Donation 5 Other (Specify)	rel from State	other place) Baltimore	Washington	Cremat	tory Lai	irel. Ma	rvland		
	21. SIGNATURE OF FUNERAL SERVICE MEENSEY 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc.									
	1090	(prolls	111-							
	Kalax IV	Leaky	1/00759		dy Spr	ring Road	d Laure	1, MD 20707		
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	implications that cause ist only one cause on a	ed the deeth/Dor sech line.	ot enter the mode of dylr	ng, such aa	cerdiec or respi	ratory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel							Onset and Death		
	disease or condition resulting in death)	Metastat	st cancer		Years					
	e. Metastatic breast cancer oue to (or as a consequence of):									
5	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Marth									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):						
3	CAUSE (Disease or Injury C.	OUE TO (OR AS	A CONSEQUENCE OF							
	that initiated events resulting in desth) LAST	00E 10 (011 A0	A CONGLECTION OF	•						
	d.							1		
١	PART II. Other significant conditions	contributing to deeth	but not resulting	In the underlying ceuse g	iven in Part			b. WERE AUTOPSY FINDINGS		
2						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED							4	OF DEATH?		
-										
2	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DE	ATH (Check or	nly one)				
3		HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	eldence 8 🗆	Other (Sneoth)				
PH SICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 26c. INJURY AT	-	I. DESCRIBE HOW I	NJURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year)	IN.	M 1 YES 2		'O				
2	2 Accident Investigation 3 Suicide S Could get be	28e. PLACE OF INJUR	Y — At home, farm,			LOCATION (Street a	and Number or Rura	I Route Number		
COMPLEIED	4 Homicide 8 Could not be	building, atc. (Spe	ectfy)			City or Town, State)		,		
4	29a. CERTIFIER	AND To the best of my low			4.4					
ž	one)			ed at the time, date and place, on, in my opinion, death occurs				(a) and manage as added		
3		. On the bear of examination	or endor investigation	m, in my opinion, death occurr	ed at the time,	, date end piece, an	d due to the cause	(a) and menner se stated.		
M L	296. SIGNATURE AND TITLE OF CERTIFIER	1 112			NSE NUMBER	Λ		ED (Month, Day, Year)		
	Venu a Same	lu M.J.			14 (M	14	- Hypri	22,1990		
-	30. NAME AND ADDRESS OF PERSON WHO Denni A Sawl			er Justitute	17.5	12,0,10	Rether	GM AL		
	31. DATE FILED (Month, Day, Year)				1301		.75.14-66	-		
Н	April ARR 2,50'90	Julia Da	widson-Rank	lall						

spital or attending physician. ned for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be great TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page Son be filed within 72 hours after death with the State Degt. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. BALTIMORE,

21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIF	ICATE O	F DI	EATH		RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH		352	3. TIME OF DEATH
Alvin Uly	sses	HARMAN					-],	April	06	, 199	90 PEAR	3:45 A.Ma
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	AR IF	UNOER 24 H	\rightarrow	7. DATE OF B	IRTH		8. BIRTI	IPLACE (State or Foreign
717 07 6760	1 M 2 F	75	YRS.	MONTHS DAY	rs HO	URB MI	NN.	June 4		1./	Man	ryland
9a. FACILITY NAME (If not institution, give st	2 %	13		9b. CITY, TOW	VN OR LO	DCATION C			1 1 2		INTY OF D	
Doctor's Hospital				Lanh	ıam	Ma	гуі	and		PII	nce (George's
10s. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR LO	CATION							10d. INSIDE CITY LIMITS?
Maryland Princ	e George'	S	Boy	vie								1 X YES 2 NO
10e. STREET AND NUMBER					101. ZIP	CODE				10g. CI1	IZEN OF V	WHAT COUNTRY?
15821 Pillar Lan	e				20	716				Un	ited	States
11, MARITAL STATUS	12. WAS DECEDENT I							C ORIGIN? (Sp		or No-	14. RACI	E — American Indian, k, Whita, etc.
1 Naver Married 2 X Marriad 3 Widowed 4 Divorced	IF YES, GIYE WAF	OR DATES	***		YES 2 K		Specify:	, Puarto Rican,	, mtG.)		Spec	ttv:
	1944-1							No			<u> </u>	White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUP work done during se retired.)	most of	working		16b. KINI	OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							C1		Dol.	II.	ndta1
		St	ıperv	ISOI	_						nos	pital
17. FATHER'S NAME (First, Middle, Last) Unavailab	1.				18.			IE (First, Middle	, Maiden	Surname)		
	Te		-17.7.7.5				_	lable				
19a. INFORMANT'S NAME (Type/Print)		-		ADDRESS (Stre				X122 C 20 1			ip Code)	
Edris M. Harman				Pilla:				ie Mar			0716	
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame	oval from State	other pl	ace)	SITION (Name of		143-1					- City or To	
4 Donation 6 Other (Specify)	FHAFF	Maryl	and	Vetera					Che	Iten	ham,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					-Eva		Funera	al H	ome.	P.A	
Yoley E.	Evan	0 (-	res									yland 20715
23. PART I. Enter the diseases, or o	omplications that of	sused the de	esth. Do									Approximats
shock, or haart failurs.	List Dnly ons cause	on sach line	9.	c 1)								intsrval Batween Onset and Death
diasse or condition	mlet 9.	nono	U	Tak	m	Ve						
resulting in destiny	DUE TO (O	R AS A CONSE	OUENCE O	F): \ \		1		1				1
	Can	an ati	de	4	ear	P	(heal	au	0 :	1	
Sequentially list conditions, if any, issding to immediate	DUE TO (O	AS A CONSE	OUENCE O	F):		-	1	There	000	T	1	
cause. Enter UNDERLYING CAUSE (Disease or Injury	g.	/ C	200	comma of thosely)			
that Initiated events	DUE TO (O	R AS A CONSE	OUENCE O	F):								
resulting in desth) LAST	d											
PART II. Other significant condition	a contributing to de	eath but not i	natiting	in the under	lvina ce	use alve	n in F	Onet I 24a	WACAN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
J. J.		1	D	III allo andon	\ 8	- give	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	240.	PERFOR		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
- Lante	3 year	11	44	Mille	u	_		- 10	YES 2	NO NO		OF DEATH?
			-					_		*		1 TES 2 NO
OF WAS CLOSE DEFENDED TO MEDICAL												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER:	B. PLACE	OF DEATI	'H (Chec	ck only one)				
1 VES 2 NO	1 Nopetient 2 E		_				_	Other (Spe				
27. MANNER OF DÉATH 1 Natural 5 Pending	26a. DATE OF IN (Month, Day,		26b. TIA	JURY	WORK?		- 1	28d. DESCRIE	E HOW I	NJURY O	CURED	
2 Accident Investigation						2 N	-					
3 Suicide 6 Could not be	26a. PLACE OF building, at		ome, tarm,	street, factory, o	offica			28f. LOCATION			er or Rural .	Route Number,
Check only 1 CERTIFYING PHYSI												
one) MEOICAL EXAMINE	R: On the basis of axe	mination and/or	Investigation	on, in my opinio	on, death	occured a	at the t	lime, data and	place, an	nd due to	the cause(a) and manner ea stated.
29b. SIGNATURE AND TITLE OF CENTIFIER	0	1140	^ I	0 11	29	c. LICENSI	E NUMI	BER		29d. DA	TE SIGNED	(Month, Day, Year)

09 9

RD

80

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

790

3

0

32 PREGISTRAN'S SIGNATURE
Julia Davidson Randell

DHMH-16 Rav 1/89

_	e	10 3
S	the	the the
20	hat	5
Ö	as th	Jue C
S	quir	S
æ	/ re	beel
	19	Jas C
A	Ĕ	ate
5	AN	Tiffe
LL.	SIC	93
0	E	this is
Z	ING	After
9	S	8
2	E	8
DIVISION OF VITAL RECORDS,	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	INERAL DIRECTOR: After this certificate has been signed by the a
	Z	A
	SPI	NER

1 -	FOR STATE	STATE OF N					EALTH AND I	MENTAL	HYGIENI		J ()	12303
	REGISTRAR		CE	ERTIFIC	ATE C	F	DEATH		REG. NO.			
1.1	DECEDENT'S NAME (First, Middle, Last)							2. DATE (YEAR	3. TIME OF DEATH
	MICHAEL	ALAN		HO	UCHEN	1		4	22	91	0	4:24 A M
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		UNDER 1 YEA		IF UNDER 24 HRS.	7. DATE C	Dey, Year)	1	8. BIRTH Country	PLACE (State or Foreign
2	214 78 8045	1 ₂ √ M 2 ☐ F	31	YRS.	NTHS DAY	rs	HOURS MIN.		26/195	58		yland
9a	. FACILITY NAME (If not institution, give str	eet and number)		98	9b. CITY, TOWN OR LOCATION OF DEATH							
	- 1			,								
100 M	Prince George's	General	<u>Hospita</u>			he	everly			Princ	ce (George's
100	a. STATE 10b. COUNTY			10c, CITY, T	OWH OR LO	CATI	ON					10d. INSIDE CITY
	formal and Budge		1									LIMITS?
		e George	S	<u> Bowi</u>	e T							1 X YES 2 NO
104	e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZI	EN OF W	VHAT COUNTRY?
2	2334 Mitchellvill					20716			Unit	ted	States	
10-1	MARITAL STATUS	12. WAS DECEDEN					NDENT OF HISPAN				14. RACE	- American Indian.
	Never Married 2 🔀 Married	FORCES? 1	X YES 2 N	10			elfy Cuben, Mexica 2 NO Specify	· .	_		Speci	white, atc.
3 [☐ Widowed 4 ☐ Divorced	81-8						1	Vo		-	White
	15. DECEDENT'S EDUC		CEDENT'S US				16b.	KIND OF BUS	INESS/INDU	ISTRY		
17.	(Specify only highest grade of Elementary/Secondary (0-12)	ive kind of work Do NOT use re	f work done during most of working use retired.)									
	12	College (1-4 or 5		roman				Т.	andsca	anino		
	FATHER'S NAME (First, Middle, Last)		1 101	reman	_	Т						
3 "			16. MOTHER'S NA						Surname)			
	Donald Charles H	ouchen	hen Margaret Purs					Purse1				
194	e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Denise Alison Ho	uchen	nen 2334 Mitchellville Road Bowie Md. 20716						716			
	a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name, of cometery, crematory or					Acon of commonly commonly of ERY 20c. LOCATION City of Joven State				
	Burial 2 ☐ Cremation 3 ☐ Remo Donetion 5 ☐ Other (Specify)	vat from State	other place) RESURRECTION" CEMETE Maryland Veterans Cemeter				ERY	CL.	INTON	MA	ARYLAND	
-	SIGNATURE OF FUNERAL SERVICE LICE	FNSEE	22. NAME AND ADDRESS OF FA					one:	tenh	am	no.	
1			0				Evans		al Hor	ne. P	Α	
	Robert E.	Cimm		1 4-			Annapo					20715
23	3. PART i. Enter the diseases, or co	omplications the	t caused the da	eth. Do not								Approximata
	shock, or heert feliure. L						- o o o o o o o o o o o o o o o o o o o		ino or roup.	,		interval Between
	MEDIATE CAUSE (Final											Onset and Death
	Isease or condition	Mu]	ltiple i	njurie	S							
		DUE TO	(OR AS A CONSE	OUENCE OF):								
z												
	equentially lifet conditione, eny, laeding to immediata	DUE TO	(OR AS A CONSE	OUENCE OF):								
CI	ause. Enter UNDERLYING											
C.	AUSE (Diseese or injury	DUE TO	(OR AS A CONSE	OUENCE OF):								
re	eaulting in death) LAST											
		l										+
	ART II. Other significant conditions	contributing to	death but not i	reaulting in 1	the underl	fying	cause givan in	Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL PROPERTY.									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								- 1	1 X YES 2	□ NO		DF DEATH?
								_				1 💢 YES 2 🗌 NO
25.	. WAS CASE REFERRED TO MEDICAL				20	6. PL	ACE OF DEATH (Ch	eck only on	e)			
3	EXAMINER?	HOSPITAL:	ER/Outpatient 3		THER:	Home	5 🗆 Rasidenca	8 C Other	(Specific)			
27	MANNER OF DEATH	26a. DATE OF	-	28b, TIME C			JRY AT		CRIBE HOW II	NUMBY OCC	UBED	
	1 Natural 5 Pending	(Month, L	Day, Year)	INJUR	Y	WOR	RK7					desired for
. 11	2 Accident Investigation		2-90	3:16a			ES 2 X NO					ked object
	3 Sulcide 8 Could not be	28e. PLACE (building	OF INJURY — At he atc. (Specify)	ome, farm, stre	et, factory,	office						Route Numinipact
	4 Homicide determined			oad				Rt. 3	301 S.	of R	t 50), Mitchelly
29	a. CERTIFIER 1 CERTIFYING PHYSIC	SIAN: To the heat o	I my knowledge d	ath accumed	at the time	date						MD.
	(oracle billy											
	2 X MEDICAL EXAMINER	1. On the peals of s	10/bns nortement	avestigation,	m my opinic	un, de	warm occured at the	time, dela	ana piece, en	u due to the	cause(i	ng menner as stated.
29	L SIGNATURE AND TITLE OF CENTURER	001/	A		· ·		29c. LICENSE NUI	MBER		29d, DATE	SIGNED	(Month, Day, Year)
٥	Mare	reun	Ill-				OCM	Æ.		► A-	-22-	90
) 			~~~				UCI ^v	نبد		4	44	J V

111 Penn Street



DHMH-16 Rev 1/89

Baltimore, MD 21201

2

Margarita

APR 23 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Α.

Korell,

rell, M.D. 1
32. REGISTRAR'S SIGNATURE
Lia Savidson-Randelli

BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALT		MENTAL HYGIEI		30 12300		
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>		2. DATE OF DEATH		3. TIME OF DEATH		
9	Margaret Elizabeth	HENDERSON	_						90 8:18 A M		
f,	4. SOCIAL SECURITY NUMBER	77	n yrs. lest birthday)	IF UNDER 1	YEAR IF UN	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	. BIRTHPLACE (State or Foreign Country)		
1	577-01-2446 Set FACILITY NAME (If not institution, give si	1 M 2 AF 76	YRS.			July 21, 1913 Washington, D.C.					
DIRECTOR	AMI DRS HOSPITAL	OF P.G. COUN	TY	Lar	nham			Prin	ce George		
SEC	10e. STATE 10b. COUNTY			Y, TOWN OR	RLOCATION	-			10d. INSIDE CITY LIMITS?		
		arles		Waldo	rf			1100	1 ☐ YES 2XXNO		
FUNERAL	10e. STREET AND NUMBER				10f. ZIP C				N OF WHAT COUNTRY?		
NEF	1101 Heritage					0602			5.A.		
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2.A. ANO	11	yes, specity Q	uban, Mexica	NIC ORIGIN? (Specify You, Puarto Rican, atc.)	s or No— 14	I. RACE — American Indian, Black, White, etc.		
ВУ	3 XXVidowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1	TYES 2-	NO Specifi	y:	100	Specify: White		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S		CUPATION uring most of w	- delara	16b, KIND OF BI	ISINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT u	se retired.)	aring most or wi	Orking	NI /				
MP	8		Homem	aker			N/1				
	17. FATHER'S NAME (First, Middle, Last) John W. Teaws	a1+			18. M	nother's na Mar	WE (First, Middle, Maide V S.	LOVE			
BE	19a. INFORMANT'S NAME (Type/Print)	310	10h MAII IN	ADDRESS	(Street and Musi		<u> </u>				
2	196. INFORMANT'S NAME (Type/Print) Judith A. Smith 196. MAILING ADDRESS (Street end Number or Burel Route Number, City or Town, State, Zip Code) 6615 Grafton St. Forestville, Md. 20747										
	20e. METHOD OF DISPOSITION 1 IX Burlet 2 Cremation 3 Removel from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Resurrection Cemetery Clinton, Maryland										
	4 Donation 6 Other (Specify)	oval from Stata	Resurr	ectio	n Ceme	etery	C1:	inton,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIE	HAGEE //	/	22. N	George	DRESS OF EA	alas Fune:	ral Hom	ne		
	Heorge -	Vales					ill Rd. 0:				
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea	the deeth. Do	not enter t	the mode of	dylng, auc	h es cerdiec or rea	olratory arres			
	IMMEDIATE CAUSE (Final	C)	-	^-	1		/		Onest and Death		
	disesse or condition resulting in death)	ac	ciden								
	DUE TO (OR AS A CONSEQUENCE OF):										
ON	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerefical Nancular accident Due to (or as a consequence of the conditions, or condition										
Ϋ́	cause. Enter UNDERLYING										
FI	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in deeth) LAST w, To Alcelation										
	PART II. Other significant condition	s contributing to death be	ut not resulting	In the und	derlying caus	se given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL							PERFC	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
AED				_				2 110	DF DEATH?		
ä							_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		07115		OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 🖾 Inpetient 2 🗆 ER/Outp				Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TII	AE OF S	28c. INJURY A' WORK?		26d. DEŞCRIBE HOW	INJURY OCCU	RED		
В	2 Accident Investigation	28e. PLACE OF INJURY	- At home form		1 YES	2 NO	201 1 00471011 (01-	and Mumber or	David Control Manhard		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	ffy)	atreet, rector	ry, onice	ffice 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
E	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	ados danth occur	and at the time	no data and a	less and due	he the council and -				
OME									cause(e) end manner ee stated.		
E C	296. SIGNATURE AND TITLE OF CERTIFIER					LICENSE NUI			BIGNED (Month, Day, Year)		
m	modlye	di				09179		14	17.90		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type 5 Hanov	er Pkv			reenbelt,	Md. 20)770		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE								
- 1	APR 20'90	grelia Davido	or-Mandel	2							

		P.F	١,	_
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within July and after death. Page 6 may be executed by the historial or attended process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be defacted for use as the burnel-transit permit. Pages 1, 2, 3,	be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.	50	1290		
	1. DECEDENT'S NAME (First, Middle, Last)	- 4	. V			2. DATE OF MONTH		YEAR 3. T	IME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH I R	BIRTHPI A	E (State or Foreign		
1	214-05-3537	N/		NTHS DAYS	HOURS MIN.	Q(Month, D		Country)	1. MA		
_	Se. FACILITY NAME (If not institution, give a		98	CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNT	Y OF DEATH	1		
2	RESIDENCE OF DECEDENT	rsing Home		COII	mple	7	H	SUN	ard		
DIRECT	10a, STATE 10b, COUNTY		10c. CITY, T	OWN OR LOCAT	ON			10d	INSIDE CITY		
	10e. STREET AND NUMBER	7 +1 WOL	6 0	0141	ZIP CODE	6	10a CITIZE	N OF WHAT	YES 2 NO		
FUNERAL	2348 W	ilkene	· Ow	e "	2/2	23	log. Grizz	US	COOKINIT		
FUN	11. MARITAL STATUS 1 Never Married 2 Married							4. RACE — A Black, Wh	imerican Indien, ite, atc.		
BY	3 Widowed 4 Divorced	WW II	DATES		apecify Cuban, Maxicen, Puerto Rican, etc.) ES 2 X NO Specify: Spe				White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	grade completed) (Give kind of work done during mos				16b. KI	ND OF BUSINESS/INDU	STRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Realesta		estor	Re	alEstate				
OM	17. FATHER'S NAME (First, Middle, Last)	0 Realestate Investor RealEstate 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE C	William Hawkins						chrodt				
10	Susan Daniel						City or Town, State, Zip C		227		
*//	20a, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cameloxy crameloxy or 20c, LOCATION — City								227 Stata		
	1 Burlet 2 M Cremetion 3 Removed from State Ball. Wash. Crematory										
	21. MGNATURE OF FUNERAL SERVICE LIC	ENSEE		FIECK	Funeral	Home	Inc.				
	23. PART I. Enter the diseases, pr	لحيل	lage	7601	Sandy Sp	oring	Rd Laurel	MD 2	-		
	ahock, or heart failure.	List only one cause on	each iine.	antar the mo	de of dying, auc	n aa cardia	c or respiratory arres	it,	Approximata Interval Between Onset and Death		
	disease or condition a. acute exace hateer of COPD										
		DUE TO (OR AS	A CONSEQUENCE OF):	6	- n. 6		4.	`	Gen		
NOL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	ucie	Place	work	my also	20	1 20.5		
CA	CAUSE (Disease or Inlury								years		
CERTIFICATION	that initiated events reaulting in death) LAST	Peps two	A CONSEQUENCE OF):	retin	151			Che meta			
	PART II. Other algnificent condition	a contributing to death			cause given in	Part I 2	IA. WAS AN AUTOPSY	245 WE	RE AUTOPSY FINDINGS		
ICAL			Dat not rauditing in	and distalling	Codea given in		PERFORMED?	AVA COA	ILABLE PRIOR TO IPLETION OF CAUSE		
MED							123 172 110		DEATH? YES 2 NO		
PHYSICIAN: MEDIC											
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF OEATH (Ch 6 □ Rasidenca		Snac(fly)				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	20h TIME C	F 26c. INJ			RIBE HOW INJURY OCCU	RED			
ВУ	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO	201 1 0017	DAL COLUMN AND A MARKET	0(0)			
LED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Sp	IY — At home, farm, stre ecify)	et, factory, offic.			ON (Street and Number o Town, State)	r Hurai Houre	Number,		
PLE	29a. CERTIFIER Check only	ICIAN: To the best of my kno	wiedga, death occurred o	at the time, data	and place, and due	to the cause	(a) and manner as stated	d.			
COMPLETED	and .	ER: On the beals of examinati	ion and/or investigation,	in my opinion, d	eath occured at the	time, data an	d place, and due to the	cause(a) and	d manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	+		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mor	nth, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WH	CINCLED CAUSE OF E	DEATH (ITEM 27) (Type, Pr	int)	001	2.13	2 7	117	70.		
	KULODRUB	ETZ 93	13615	Anna	polis 1	Road	Ellut	! 4	去有多		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE AND AND AND AND AND AND AND AND AND AND	1					1		

L052; 00

, BALTIMORE, MARYLAND 21203-3146	within nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	cremation, or removal.
46	90	100	ai
30X 13146	cate be executed	hysician and con-	e prior to burial.
P.O. BOX 13146	leath certificate be executed	attending physician and con-	rital Hygiene prior to burial,
RECORDS, P.O. BOX 13146	aw requires that the death certificate be executed	s been signed by the attending physician and com	pt. of Health and Mental Hygiene prior to burial.
VITAL RECORDS, P.O. BOX 13146	CIAN: The law requires that the death certificate be executed	crificate has been signed by the attending physician and com-	he State Dept. of Health and Mental Hygiene prior to burial.
N OF VITAL RECORDS, P.O. BOX 13146,	NG PHYSICIAN: The law requires that the death certificate be executed	- 60	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VISION OF VITAL RECORDS, P.O. BOX 13146	LATTENDING PHYSICIAN: The law requires that the death certificate be executed to	- 60	ins after death with the State Dept. of Health and Mental Hygiene prior to burial,
DIVISION OF VITAL RECORDS, P.O. BOX 13146	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to	- 60	hin 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial,
DIVISION OF VITAL RECORDS, P.O. BOX 13146	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con-	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial,

10.7

	1 - STATE REGISTRAR	STATE OF MARYLAND / DECEM	EPARTMENT OF		ENTAL HYGIENE REG. NO.					
		K.H ABICH	T	2	DATE OF DEATH DAY	YEAR 3.	TIME OF DEATH			
1		//	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Vear) August 10, 1912 Wales, England DEATH 9c. COUNTY OF DEATH					
TOPE	So. MANY/AND RESIDENCE OF DECEDENT	HOSPITAL	- 1	OR LOCATION OF DEAT	90	BUNTY				
DIRECT			Fort Washi	ngton		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	13203 Harrison			20744		U.S.A.				
BY FUI	11. MARITAL STATUS 1 Never Married 2. Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC pecify Cuben, Maxican, I S 20 NO Specify:	ORIGIN? (Specify Yea or I Puerto Rican, etc.)	or No- 14. RACE - American Indian, Black, White, etc. SpecifiWhite				
LETED		mpleted) (Give i file. Do	DENT'S USUAL OCCUPAT kind of work done during no NOT use retired.)	ost of working	16b. KIND OF BUSINE					
at once.										
TO BE	19a. INFORMANT'S NAME (Type/Print)									
must be	William A. Habicht, Sr. 13203 Harrison Ave., Ft. Washington, Md.20744 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other (Specify) 20c. LOCATION — City or Town, State of Donation, J Other (Specify) Metropolitan Crematory Alexandria, Virginia									
medical examiner must be notified	21. SIGNATURE OF TUNERAL BETWICE LICE	3 Kales			Funeral Rd. Oxon					
or other traumatic event, the	23. PART I. Enter the diseases, or conshock, or heart feilure. List immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	arch	are	Approximate interval Between Onset and Death						
MEDICAL	PART II. Otto Significant conditions		ulting in the underlyi			NO O	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH? YES 2 NAO			
is merked, or item 23 s D BY PHYSICIAN:		(Month, Day, Year)	DOA 4 Nursing Ho	YES 2 NO		RY OCCURED				
m 28 ETE	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, factory, of	ice 2	81. LOCATION (Street and City or Town, State)	Number or Rural Rou	rte Number,			
ANT: If Item COMPLE	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, death On the basis of exemination end/or inve					and manner as stated.			
TO BE COM	296. SIGNATURE AND TITLE OF CENTREEN 30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH ATTENDA	Ph /Sina British	D 2 C	FR 259 1	DATE SIGNED (A	Aonth, Day, Year) 8 - 90			
	TORGEA. A	GNIGNON	,6192				NHILL			
	4:680808	32. REGISTRAR'S SIGNATURE Sulia Savidson-Ran	dell	1						

detached for use as the burial-transit permit. Pages 1, 2, 3 should

hos	ach	69
朝	det	5
3	P	6
aine	hou	- E
Tet.	S	JOE TO
S S	age	2
E	100	ust
ge 6	irec	E
S	Tal d	He
leath	True	Хаш
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hos) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and which any standard the detach with the Stand David of Hadith and Marrial Hadith and Indian Indian Indian Communication for removal	and while it is the same read in the case copie or read any injury, or other traumatic event, the medical examiner must be notified at once.
DIL	d m	150
2	Pellied	=
in 2	ely 1	=
d with	mplet	even
cute	d co	tic
600	The first	E E
D D	Sicia	E
fical	Ad a	he
Cert	ding	10
ath	after	0
e d	the	3
Tal.	34	N i
the State	phong	20
dulin	n Si	MO
W re	Dec .	38
he	has	1 2
N. H	Ceate	100
ICIA	the the	0
HAS	his	bed.
NG F	fter	mar
S	A S	69
ATTE	200	28
OR	DIRE	tem
TAL	A E	7 =
OSP	UNE	ANT
포	出出	THE
E	11	F

	G-662 4-30-90 cm							90	12909			
	1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND		YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		. 1			2. DATE OF D	DEATH		TIME OF DEATH			
	HAZIEL L	L HARI	REII			MONTH	DAY	YEAR 977	8 25 PM			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birth			7. DATE OF E	IRTH	8. BIRTHPL Country)	ACE (State or Foreign			
-	577-10-4510	1 □ M 2 💢 F 81	l ,	RS. MONTHS	DAYS HOURS MIN.	Septer	nber 3 19	3 1908 Virginia				
DIRECTOR		MRY AMO	Hospin	/	CINTO		PRING PRING	TY OF DEAT	H 60K965			
REC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	c. CITY, TOWN (LIN						
		CE GEORGE'S	W	ashing	ton D.C.	LINTON			YES 2 NO			
M	10e. STREET AND NUMBER		10g. CITIZ	EN OF WHA	T COUNTRY?							
빌	2222 31st Street S	735	USA									
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	ferried 2 Merried FORCES? 1 YES 2 NO			WAS DECENDENT OF HISPAIIF yes, specify Cuben, Mexico	14. RACE — Black, W Specify: Whit	American Indian: Thite, atc.					
G	15. DECEDENT'S EDUC	CCUPATION	16b, KIN	D OF BUSINESS/INDI	27.7	.е						
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give ki	nd of work done NOT use retired.)	during most of working							
7	10	Contigo (1-4 of 5 7)	Treas	ury de	pt. employee	Fed	eral Gove	rnmen	it			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2			ts. MOTHER'S NA	ME (First, Middl	e, Malden Sumame)					
BE	William U. Payne				Bertie	Carter	rter					
10	19e. INFORMANT'S NAME (Type/Print)		19b. MA	AILING ADDRES	S (Street and Number or Rural	Route Number, C	City or Town, State, Zip	Code)				
-	June Harrell		140	5 Hanco	ock Place U	nner_M	arlboro M	D 207	72			
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remg	val from State	b. PLACE OF D other place)	DISPOSITION (No	ame of cemetery, crematory or		20c. LOCATION — C	Ity or Town	, State			
	4 Donetion 5 Other (Specify)	`	Washin	gton Na	ational Ceme	terv	Suitlan	d MD				
	Robert E. Wilhelm Funeral Home											
	Suitland MD 20746											
	23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
	23. PART I. Entertrie diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, sheet, or heart fallure. List only one cause on each line. Approximate Interval Betwee Onset and Deat											
	immediate Cause (Final disease or condition resulting in deeth)											
	resulting in deeth)											
	DUE TO (OR A A CONSEQUENCE OF):											
ON	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):											
ATI	if any, isading to immediats cause. Enter UNDERLYING	DOE 10 (OR AS	A CONSCOUEN	VCE OF J;								
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUEN	ICE DEI:					 			
E	that initiated events resulting in deeth) LAST		A 0011020021	102 01).								
CE	d.											
	PART ii. Other significent conditions	contributing to deeth	but not resu	iting in the u	nderlying ceuse given in	Part I. 24	. WAS AN AUTOPSY		ERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	\parallel ± 400					1.0	PERFORMED?	0	MILABLE PRIOR TO OMPLETION OF CAUSE			
ED	/ 1000						3 2		F DEATH?			
2												
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck anly ane)						
2	EXAMINER?	HOSPITAL:		OTHE	R:							
4	27. MANNER OF DEATH	28a. DATE OF NJURY		b. TIME OF	raing Home 5 Residence 28c, INJURY AT		BE HOW INJURY OCC	HIBED				
	Natural 5 Pending	(Month, Day, Year)		INJURY	WORK?	200. DESCHI	DE NOW INJURY OCC	ORIED				
ВУ	2 Accident Investigation	280. PLACE OF INJUR	V — Al bome	form street for		201 LOCATIO	N (Street and Number	as Owned One	to Mireshar			
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spo	ecify)	rorrit, arreat, tac	nory, ornea		wn, State)	or north not	ie wantos,			
Щ	200 CESTIFIED					l						
AP.	named to the state of the state				time, data and place, and du							
COMPLETED	MEDICAL EXAMINER	t: On the besis of examination	on and/or inves	stigation, in my	opinion, death occured at the	e time, date and	place, and due to th	e cause(e) a	nd manner as slated.			
ш	29h. SIGNATURE AND TITLE OF CERTIFIER	- 4	3	1100	29c. LICENSE NU	MBER	29d. DATE	SIGNED A	onty, Day, Year)			
00	the T	EAN M.	FYA	NMI	D. 19	431		4/1	80			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27	(Time Print)	100	-		7	Maria Maria			

32 REGISTRAR'S SIGNATURE 2 NAVIGADON - MANGELES

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp

	JAMES MI	TCHELL		CATE OF		2. DATE OF	DEATH	NY .	YEAR	. 3. TIME OF DEAT	N
JAMES	Hurlo					04	18	2 /	490	0448	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, D	ay, Year)		6. BIRTH Count	IPLACE (State or Forty)	reign
218-34-2995	1 🔏 M 2 🗆 F	89	YRS.		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FEB. 2	7, 1	901	MAR	YLAND	
9a. FACILITY NAME (If not institution, give					OR LOCATION OF D	EATN			UNTY OF D		
GREATER LAUREL-B	ELTSVILLE	E HOSPI'	ΓAL	LAUR	EL			PRI	NCE (GEORGES	
SIDENCE OF DECEDENT	·y		10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY	
	E GEORGES	2		ROOK						LIMITS?	
10e. STREET AND NUMBER	E GEORGE		JUAN		OI. ZIP CODE			10n. CI	TIZEN OF Y	WHAT COUNTRY?	110
5910 SHEPHERD L	ANE CEAT	י עחחע	VTD.		20706			log. or		SA	
11. MARITAL STATUS				40 400 00	CENDENT OF NISPA	ANC OBIOING	Danalda Maa		,	E American Indi	
1 Never Married 2 Merried	12. WAS DECEDEN		NO	If yes, a	pecify Cuban, Maxic	an, Puarto Rice	en, etc.)	of No-	Blac	k, White, atc.	111,
3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1 □ YE	S 2X NO Spec	lly:			Spec	WHITE	
15. DECEDENT'S ED		16a.	DECEDENT'S	USUAL OCCUPAT	ION	16b. K	ND OF BUS	SINESS/IN	IDUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	completed)		(Give kind of w life. Do NOT use	ork done during n e retired.)	lost of working						
1 1	Conega (1-4 or 5	T FOI	REMAN			PRO	DUCE	PRO	CESSI	ING	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mid	dle, Maiden	Surname)			
HERMAN WINFIELD	HURLOCK.	SR.				WHEAT					
19a. INFORMANT'S NAME (Type/Print)	HOREOOK,		105 MAH ING	ADDRESS (Street	and Number or Rural			n State 7	(n Code)		_
HELEN ANN O'FERRA	I.J.				LANE, S						
2Qs. METHOD OF DISPOSITION	1,1				emetery, crematory or				- City or To	nun State	
1 🕅 Buriel 2 🗆 Cremetion 3 🗆 Rer	noval from Stata	UNIT	place)	TNCTON	CEMETERY	7				RYLAND	
4 Donation Other (Specify)	chuse V	ONII	1 WASI	1 22 NAME	AND ADDRESS OF F	ACII ITY	HOR	LOCK	. 11111	KIDIND	_
	TK	. 111 -			ER FUNERA		2				
Sonarch	17	exce	~	EAST	NEW MARK	ET, MI	216	31			
23. PANT I. Enter the diseases, or	complications the	at caused the	death. Do n	ot antar tha m	ode of dying, au	ch as cardla	c or resp	iratory a	rrest,	Approxim	
ahock, or haset fallure	List only ons ca	use on each II	na.							Onset an	
disesse or condition	PN	oum	ma								
	DUETO	O (DR AS A CON	SEQUENCE OF		1.5						
resulting in death)			+	ao pir	the state of					ļ	
resulting in death)	· Yu	Cumen	\sim	Coc In Li	24000						
Sequentially list conditions,	b. DUE TO	CULVED (OR AS A CONS	SEQUENCE OF		ayon					1	
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING		O (OR AS A CONS	SEQUENCE OF		8440N						
Sequentially list conditions, if any, leading to immediate	C	O (OR AS A CONS		7:	8440N						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C	```		7:	84000						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONS	SEOUENCE OF	7): 7):		0-1-1-0					
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	O (OR AS A CONS	SEOUENCE OF	r):		n Part i. 2	4s. WAS AN		Y 24	b. WERE AUTOPSY F	TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONS	SEOUENCE OF	r):				RMED?	Y 24		TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONS	SEOUENCE OF	r):			PERFO	RMED?	Y 24	AMAILABLE PRIOR	TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONS	SEOUENCE OF	r):			PERFO	RMED?	Y 24	AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sent to the conditions of the	c. DUE TO	O (OR AS A CONS	SEOUENCE OF	in the underly!		1	PERFO	RMED?	Y 24	AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	o desth but no	et resulting i	in the underly! Southern:	ng csuse given i	heck only one)	PERFO	RMED?	Y 24	AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	d. DUE TO d. HOSPITAL: 1 Unpatient 2 260. DATE O	o desth but no	t resulting in the second of t	in the underly! 26. OTHER: 4 Nursing No. E OF 26c. II	ng cause given in	heck only one)	PERFOI YES:	RMED?		AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	d. DUE TO	O (OR AS A CONSTITUTE OF INJURY	t resulting in the second of t	7: In the underly! OTHER: OTHER:	ng cause given in	Check only one)	PERFOI YES:	RMED?		AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditionally lightly li	d. DUE TO d. HOSPITAL: 1 Dispetient 2 26e. DATE O (Month,	CO (OR AS A CONSTITUTE OF INJURY — At	at resulting in the second of	7: In the underly! OTHER: OTHER:	PLACE OF DEATN (Come 5 Residence NJURY AT VORK?	Sheck only one) 6 Other (28d, DESCI	PERFOI YES: Specify) RIBE NOW	RMED? INJURY O	CCURED	AMAILABLE PRIOR COMPLETION OF OF DEATH?	TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation	d. DUE TO d. HOSPITAL: 1 Dispetient 2 26e. DATE O (Month,	o death but no	at resulting in the second of	7: In the underly! 26. OTHER: 4 ON UNISION OR EACH URY M 1	PLACE OF DEATN (Come 5 Residence NJURY AT VORK?	Sheck only one) 6 Other (28d, DESCI	PERFOI YES: Specify)	RMED? INJURY O	CCURED	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO CAUSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED DAUSE OF DEATH (ITEM 27) (Typo, Print)

GNEGORY H- COMPTON MC

31. DATE FILED (Morith, Day, Year)
APR 25 '90

32. REGISTRAR'S SIGNATURE

Themy Lane Laurel

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGIST
1	1. DECEOENT
1	Ro
ı	4. SOCIAL SE
	217-0
	9a. FACILITY
-	700 A
ı	RESIDENC
ı	10a. STATE
1	Maryl
ı	10a. STREET
	700 A
ı	11. MARITAL S

TO BE COMPLETED BY FUNERAL DIRECT

		OLITIII IO	AIE OF DEATH		MEG. NO.	
1. DECEOENT'S NAME (First, Middle, Last	CLASTON.					3. TIME OF DEATH
Robert	1_1	100 C	7.			and the second second
A SOCIAL SECURITY NUMBER	5 OFY S ACE		INDER 1 YEAR THE INDER ALUM			
		MO	7 7 7	(Month, L	Day, Year)	Country)
217-03-1098	10x M 2 □ F 8 3	YRS.		Oct.	17,1906	Maryland
9a. FACILITY NAME (If not institution, give	street and number)	98	CITY, TOWN OR LOCATION OF	DEATH	9c. COUN	ITY OF DEATH
700 Americana	Dnive		Annanalia		Ann	a Amundal
	niive		WILITAGETTS		18.1111	e winder
	TY	10c, CITY, To	OWN OR LOCATION			10d. INSIDE CITY
1,4	A 1 2		7 1			LIMITS?
	ine Arundel	Ann	apolis			
10a. STREET AND NUMBER			10f. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
700 Americana	Drive		27403		II	SA
	T	IN U.S. ARMED				
	FORCES? 1 TYES	2 NO	If yes, specify Cuban, Me	ilcan, Puerto Ric		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES 2 NO Sp	ecify:		
	1					
		(Give kind of work	done during most of working			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Vice-Pr	esident		Oxygen C	ompany
	2			rtatio	on	
17. FATHER'S NAME (First, Middle, Lest)		r or o o marc				
	. Hannin C		67.70			
	narris, 5					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Ru	ral Route Number	City or Town, State, Zip	Code)
Margaret R.	Harris	700	Americana D	rive.	Annapol	is. MD 21403
1 🗆 Burial 2 💢 Cremation 3 🗆 Re		other place)				The state of the s
	/ / / M	etropoli			Alexan	dria, VA
MIGHATURE OF FUNERAL SERVICE	(CENSEE/ / /		22. NAME AND ADDRESS OF	FACILITY	01- a - 1	07.407
John alel 1	4 4					
Linaece XI	Juy /a		147 Glouce	ster S	St., Anna	polis,MD
			anter the mode of dying,	uch as cardia	c or respiratory srr	
	. List only one cause on	each line.				
						Oliset and Death I
			- 0			1
resulting in death)	0		andro pul	money	ALLOS	ſ
	eDUE TO (OR AS	A CONSEQUENCE OF):	andropul	money	Aires	ſ
	OUE TO (OR AS	A CONSEQUENCE OF):	Phoe man	monay	A Ricos	ſ
resulting in death) Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	Pherma	in	ALLOS	ſ
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	Preuma	in	ALLOS	<i>f</i>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):	Preumo	in	ALLOS	ſ
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	Preumo	money	ALLOS	<i>f</i>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):	Preumo	money	ALLOS	<i>f</i>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):			24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):		In Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d. ona contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF):		In Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d. ona contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF):		In Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d. ona contributing to death	A CONSEQUENCE OF): A CONSEQUENCE OF):		In Part I. 2	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are conditionally also be conditionally as a sequence of the conditional conditions are conditionally as a sequence of the conditional c	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF):	the underlying cause given	In Part I. 2	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions are conditionally in the conditional conditions are conditionally in the conditional conditions.	DUE TO (OR AS DUE TO (OR AS d. Dua contributing to death P, C, R, V,	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1	the underlying cause given 26. PLACE OF OEATH	In Part I. 2	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury their initiated events resulting in desth) LAST PART II. Other algnificent conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1 tpetient 3 □ DOA 4	the underlying cause given 26. PLACE OF OEATH THER: ☐ Nursing Home 5 € Resider	In Part I. 2	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury their initiated events resulting in desth) LAST PART II. Other algnificent conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d. Dona contributing to death P, C, R, V, HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the state of the st	26. PLACE OF OEATH THER: Nursing Home 5 P Resider SF 28c. INJURY AT WORK?	In Part I. 2	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
A SOCIAL SECURITY NUMBER A SOCIAL SECURITY						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other eignificent conditions and the condition of the conditio	DUE TO (OR AS DUE TO (OR AS d. Dona contributing to death P, C, R, V, HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1 tpstient 3 □ DOA 6 7 28b. TIME C INJUR	26. PLACE OF OEATH TTHER: Nursing Home 5 PResider Y WORK? M 1 YES 2 NO	(Check only one) ce a Cotter (28d. DESC	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other elgnificent conditions 25. WAS CASE REFERREO TO MEOICAL EXAMINER? 1 YES 2 PRO 27. MANNER OF OCATH 1 Natural 2 Accident 3 Suicide 2 Could not be	DUE TO (OR AS DUE TO (OR AS d. Dona contributing to death P, C, R, V, HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1 tpstient 3 □ DOA 6 7 28b. TIME C INJUR	26. PLACE OF OEATH TTHER: Nursing Home 5 PResider Y WORK? M 1 YES 2 NO	(Check only one) ce a Cotter (28d. DESC	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCC	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions are authorized to the condition of the condition o	DUE TO (OR AS d. DUE TO (OR AS d. DOB CONTRIBUTING to death P. C. R. V. HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1 tpetient 3 □ DOA 4 7 28b. TIME C INJUR TY — At home, farm, streecity)	28. PLACE OF OEATH ITHER: Nursing Home 5 Presider P	(Check only one) ce a Other (28d. DESC 28f. LOCAT City or	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCC TOWN, Street and Number Town, Stete)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other eignificent conditions are authorized to the conditions of the conditions o	DUE TO (OR AS d. DUE TO (OR AS d. DOB CONTRIBUTING to death P. C. R. V. HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in 1 tpetient 3 □ DOA 4 7 28b. TIME C INJUR TY — At home, farm, streecity)	28. PLACE OF OEATH ITHER: Nursing Home 5 Presider P	(Check only one) ce a Other (28d. DESC 28f. LOCAT City or	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCC TOWN, Street and Number Town, Stete)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO
PART II. Other eignificent conditions reaulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OCATH 1 Natural 5 Panding Investigation investigation of the investi	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	26. PLACE OF OEATH OTHER: Nursing Home 5 PResider OF 26c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office	(Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO (Specify) RIBE HOW INJURY OCC RION (Street and Number Town, State)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO Or Rural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	26. PLACE OF OEATH THER: Nursing Home 5 Presider PY WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and	(Check only one) ce ā Other (28d. DESC 2ef. LOCAT City or due to the cause the time, data a	PAR. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY Oct TION (Street and Number Town, State)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO To r Rural Route Number, ted. he cause(s) and manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	26. PLACE OF OEATH THER: Nursing Home 5 Presider PY WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and	(Check only one) ce ā Other (28d. DESC 2ef. LOCAT City or due to the cause the time, data a	PAR. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY Oct TION (Street and Number Town, State)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO To r Rural Route Number, ted. he cause(s) and manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	26. PLACE OF OEATH THER: Nursing Home 5 Presider PY WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and	(Check only one) ce ā Other (28d. DESC 2ef. LOCAT City or due to the cause the time, data a	PAR. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY Oct TION (Street and Number Town, State)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO To r Rural Route Number, ted. he cause(s) and manner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions and the conditions of the conditio	DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the conse	26. PLACE OF OEATH OTHER: Nursing Home 5 Presider OF 28c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office at the time, date and plece, and in my opinion, death occured at	(Check only one) ce ā Other (28d. DESC 2ef. LOCAT City or due to the cause the time, data a	PAR. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY Oct TION (Street and Number Town, State)	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO CORRED TO Rural Route Number, red. The cause(s) and manner as stated. E SIGNED (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificent conditions are authorized to the conditions of the conditions o	DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. DOB CONTRIBUTING TO GEATH P, C, R, V, HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJUR (Month, Dey, Year) 28a. PLACE OF INJUR building, etc. (Sp (SICIAN: To the besis of examination NER: On the besis of examination NER: On the besis of examination NER: On the besis of examination NER: On the besis of examination NER: On the besis of examination NER: On the besis of examination ON TO COMPLETED CAUSE OF INJUR ON TO COMPLETED CAUSE OF IN	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the state of the state	26. PLACE OF OEATH THER: Nursing Home 5 Resider 28c. INJURY AT WORK? M 1 YES 2 NO set, factory, office at the time, date and piece, and in my opinion, death occured at 29c. LICENSE	(Check only one) (Check only	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCCUPATION, State) (a) and manner as stated and place, and due to the second	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO TO Rural Route Number, Red. E SIGNED (Month, Day, Year) A Library and Library
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II, Other significent conditions and the condition of the conditio	DUE TO (OR AS DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. P. C. R. V. HOSPITAL: 1 Impatient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY (Month, Dey, Year) 1 28a. DATE OF INJURY (Month, Dey, Year) 1 28a. DATE OF INJURY (Month, Dey, Year) 1 28a. DATE OF INJURY (Month, Dey, Year) 1 28a. DATE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the state of the state	26. PLACE OF OEATH OTHER: Nursing Home 5 Presider OF 28c. INJURY AT WORK? M 1 YES 2 NO eet, factory, office at the time, date and plece, and in my opinion, death occured at	(Check only one) (Check only	PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY OCCUPATION, State) (a) and manner as stated and place, and due to the second	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CUREO TO Rural Route Number, Red. E SIGNED (Month, Day, Year) A Library and Library

11981 77

3 ---

e.

Set of a second state of the second

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	- STATE REGIST
	1. DECEDENT
L	Mary
	578-
	Anne
1	10a STATE
	701
	11. MARITAL S

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF	MARYLAND .	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	DEAT	'H		REG. NO.

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, La	st)	-			2. DATE O	F DEATH		YFAR	3. TIME OF DEATH
Mary Virgini	a Hardy v				W.	-23-9	90	Trans.	13 pm M
Mary Virgini 4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE O	E BIRTH	_ T	8. BIRTHE	PLACE (State or Foreign
578-38-1989	1 🗆 M 2 🔀 F	59 YRS.	MONTHS DAYS	HOURS MIN.	07-	28-30)	lary	land
9- FACILITY NAME, (If not institution, gl			96 CITY, TOWN	OR LOCATION OF OR	EATH		9c. COUNT	TY OF OE	EATH
Anne Arundel		nter	Annap	olis			Anne	e Ar	undel
RESIDENCE OF DECEDENT		10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY
MIT I	ne Arundel		apolis						LIMITS?
10s. STREET AND NUMBER				M. ZIP CODE			10a. CITIZ	EN OF W	HAT COUNTRY?
701 Glenwood		205		21403			US	SA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 23 NO Specifi	n, Puerto Ri		or No—		
15. DECEDENT'S I	DUCATION	16a. OECEDENT'S I	USUAL OCCUPAT	ION	16b. 1	KIND OF BUS	INFSS/INDU	ISTRY	White
(Specify only highest g	rade completed)	(Give kind of w life. Do NOT use	ork done during m	ost of working					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Housev	wife			House	hold	1	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
Joseph Edge				Beat	rice	Pado	gett		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	r, City or Town	n, State, Zip	Code)	
Albert J. Ha	rdy	701 (Glenwo	od Stre	et,	Annar	olis	5 , M	1D 21403
200. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	ITION (Name of co	emetery, crematory or		20c. LO	CATION — C	ity or To	wn, State
1 Burial 2X Cremation 3 F 4 Donation 5 Other (Specify)	M M	erro Cre					Ltimo		MD
21. SIGNATURE OF FUNDRAL SENVICE	LICENSEE		22. NAME /	esty Fu	CILITY	l Hon	no D	7\	
* Dati	A Chill	L		idgely					MD 21401
23. PART I. Enter the disease, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one cause on	aach iine.		- 32	th as cardi	ec or respi	ratory arre	eat,	Approximate interval Batween Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF		rug					
PART II. Other aignificent condi	tions contributing to deeth	but not reaulting i	n the underlyi	ng cause given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_ COPI						1 YES 2			COMPLETION OF CAUSE OF DEATH?
									1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	neck only one)			
1 YES 2 NO	1 Inpetiant 2 ER/Ou		4 - Nursing Ho	me 5 🗌 Residence					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati	28e. DATE OF INJURY (Month, Day, Year)		URY W	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY OCC	URED	
2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE OF INJUF building, etc. (Sp	RY — Al home, farm, a ecify)	street, factory, off	Ice		TION (Street or Town, State)		or Rural R	Route Number,
29a. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the beat of my kno	wladge death con-	ad ait the time ===	to and place and 4:	a to the error	na(a) and m	anne en miri	4	
one)	MINER: On the beele of examinati								e) end manner ee stated.
29b. SIGNATURE AND TIBLE OF CERT	IFIER A			29c. LICENSE NU	- 4				(Month, Day, Year)
Kuluf 7	1/klum	mb		0248	304			ソース	550
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type,	Print)		12.				
APR 2 5 1990	July Davidson-R	nature andell							

er to a deal of the real of the

cian.	Hransit permit. Pages 1.		
the hospital or attending phy	detached for use as the bur		once.
th. Page 6 may be retained by	neral director, page 5 should be		miner must be notified a
cuted within surs after dea	d completely filled in by the fur	urial, cremation, or removal.	ic event, the medical exa
the death certificate be exec	by the attending physician and	nd Merital Hygiene prior to bu	Injury, or other traumat
SICIAN: The law requires that	certificate has been signed b	the State Dept. of Health ar	I, or Item 23 shows any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	be filed	IMPOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

APR 17 '90

TO BE COMPLETED BY FUNERAL DIRECT

							20	1621
FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH A	ND MENTA	L HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, Last,)			2. DAT	OF DEATH		-00	3. TIME OF DEATH
Charles Fra	nklin Hofo			MON	ril b	R 19	YEAR	3.40 P M
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	F UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE	OF BIRTH	3, 14	8. BIRTHP	LACE (State or Foreign
705-10-8018 9s. FACILITY NAME (If not institution, give	1 🔎 M 2 🗆 F	93 YRS.	DAYS HOURS I	8-	th, Day, Year) 22–189		West	Virginia
Reeders Memori		,		OF DEATH				
RESIDENCE OF DECEDENT	al Home		Boonsboro			Wa	shin	gton
10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY
Maryland Wash	nington	Hage	erstown			L 40 . 01711		LIMITS? 1 YES 2 □ NO HAT COUNTRY?
47A Elgin Blvd.			21740)		USA		TAI COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF I			or No-	14. RACE	- American Indian, White, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 X NO		ricuti, atc.)		Specify	White
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use a	k done during most of working	16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Foreman			estern		kailw	ay
17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First,		Sumame)		
Levi Franklin H	ore			stina [_			
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or					7.0
Mary Louise Hess			urhans Blvd.					
20a, METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	movel from State	other place)	on Cemetery, cremete con Cemetery	ory or		t Cac	He state of	
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE		22. NAME AND ADDRESS	OF FACILITY				
Hull	1 On		141.W.Main	St. Ha		Md.	2175	
	complications that cause on	ed the death. Do no eech line.	t enter the mode of dying	, such ss cs	rdiec or resp	iratory sm	est,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition			A					Onset end Death
resulting in deeth)	e	A CONSEQUENCE OF:	VA					4-5 day
	352 10 (6)174		ASCNO					ma
Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):	7(30 1)					1000
if any, leading to immediate cause. Enter UNDERLYING		·						
CAUSE (Disease or injury that initiated svents	C. DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	d							
PART Ii. Other significent condition	ons contributing to death	but not resulting in	the underlying ceuse giv	en in Part i.	24a. WAS AP	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
					PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION DF CAUSE
					1 TES	2 410		OF DEATH?
								1 - YES 2 - 100
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA					
1 TYES 2 TO NO	1 - Inpetient 2 - ER/O		Nursing Home 6 - Rask	7				
1 Natural 8 Pending	28a. DATE OF INJUR (Month, Day, Year		RY WORK?		ESCRIBE HOW	INJURY OC	URED	
2 Accident Investigation			I 1 1E3 2 1					
3 Sulcide 8 Could not b 4 Homicide detarmined	e building, etc. (S	RY — At home, farm, str pecify)	eet, factory, offica		CATION (Street y or Town, State		or Rural Ru	oute Number,
one) —			st the time, data and place, a					
2 MEDICAL EXAMI	NER: On the basis of examine	tion and/or investigation,	In my opinion, death occured	at the time, da	te and place, a	nd dua to th	e cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER 1 tarte, m	9		SE NUMBER			E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type F	Print)					
LAC LANSUR	the mo	334 mi	u 57	MAGA	ERSTO	wa,	mo	21740

32 REGISTRAR'S SIDNATURE Julia Davidson-Randall

REGISTRAR		ERITICALE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1/1/10	2 12 11 1		2. DATE OF DEATH MONTH DAY	YEAR	OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	MAIN		7. DATE OF BIRTH	8. BIRTHPLACE (S	100 A.
219-01-2025	10 M 2 DF 79	YRS. IF UNDER 1 YEAR WONTHS DAYS		(Month, Day, Year)	910 Country) MA	RY LA
9a. FACILITY NAME (If not institution, give 7/5 CH E	RRY TO W	WES NES	OR LOCATION OF D	EATH	CAP	PUL
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. STATE	A R POLL	10c. CITY, TOWN OR LOC	ATION_	NSTE	LIN	IDE CITY
	nn Thi	R	IOI. ZIP CODE	1 11	0g. CITIZEN OF WHAT COL	S 2 NO
5 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 13. WAS D		NIC ORIGIN? (Specify Yea or	No.— 14. RACE — Amer	ican Indian,
3 Widowed 4 Divorced	FORCES? 1 Tyes 2 Fig. 15 YES, GIVE WAR OR DATES		ES 2 NO Speci	en, Puerto Ricen, etc.) ñy:	Black, White,	ア ムー
15. DECEDENT'S ED (Specify only highest grad		DECEDENT'S USUAL OCCUPA		16b. KIND OF BUSINI	ESS/INDUSTRY	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 8+)	We. Do NOT use retired.) If UV 5 2=	NDR	IN HO	USEN	1F
	n my	ERS	18. MOTHER'S N.	AME (First, Middle, Melden Sur	mama) M / 2= /	2 <
19a. INFORMANT'S NAME (Type/Print)	Han man	19b. MAILING ADDRESS (Street	t and Number or Rural	Route Number, City or Town, S	State, Zip Code) N E	TMIN
20a. METHOD OF DISPOSITION 1	movel from State	E OF DISPOSITION (Name of place)	cemetery, crematory or	20c. LOCAT	TION — City or Town, State	MO
4 Donation 5 Other (Specify)	TIOVAL TION STATE	FIMA	RYS	CEM. SI	LUIR	RUY
21. SIGNATURE OF FUNERAL SERVICE	GENSEE STATE	22. NAME	AND ADDRESS OF F	ACILITY_/	LITTLE	57
num	Au		34 M	APLE	110 7	11
23. PART i. Enter the diseases, or shock, or heart fellure	r complications that caused that. List only one cause on each li	death. Do not anter the r	node of dying, su	ch se cardiac or reapiret		proximata larval Batwo
IMMEDIATE CAUSE (Final		2001	- 150		0	nset and De
disease or condition resulting in death)	. CERE	BRAL	TNLL	1RCTIU1	4.	MED
	DUE TO (OR AS A CONS	SEOUENCE OF):			, 4	YEA
Sequentially list conditions,	HRTERIO	SCLERO	71 C	ERE BRO V	ASCULAR	•
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	BEOUENCE OF):	7	ISEASE		
CAUSE (Disease or injury	GDUE TO (OR AS A CONS	SEQUENCE OF:				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	d					
0	one contributing to death but no	t resulting in the underly	ing ceuse given in	Part I. 24s. WAS AN AU	TOPSY 24b. WERE A	JTOPSY FINDIN
PART II. Other algorificant condition				PERFORME 1 TYES 2	NO COMPLE	LE PRIOR TO TION OF CAUS H? S 2 1 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 100		26	PLACE OF DEATH (C	Thork only one)		
EXAMINER?	HOSPITAL:	OTHER:	./			
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient		Ome 5 gz Residence	8 Other (Specify) 28d. DESCRIBE HOW INJU	IBY OCCUBED	
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? YES 2 NO	233.0240.002.100.000	J. 1 00001125	
3 Suicide 8 Could not b. 4 Homicide detarmined	28s. PLACE OF INJURY — At building, stc. (Specify)	home, farm, street, factory, or	fica	281. LOCATION (Street and City or Town, State)	Number or Rural Route Nur.	nber,
29a. CERTIFIER 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMII	SICIAN: To the best of my knowledge,	death occurred at the time, d	ata and place, and du	a to the cause(a) and menne	r as stated.	
One) 2 MEDICAL EXAMI	NER: On the beals of examination and/	or investigation, in my opinior	, death occured at th	e time, data and place, and o	fue to the cause(a) and me	nner se stated
286. SIGNATURE AND TITLE OF CERTIF	en y		29c. LICENSE NO	1MBER 2	od. DATE SIGNED (Month,	_
30. NAME AND ADDRESS OF PERSON V		TEM 27) (Type, Print)				
K. ARUMUGA	22. REGISTRAR'S SIGNATURE) (-	w ST. 1	littlesto	WN PAI	7340
31. DATE FILED APPA Day 3 3 90	32. REGISTRAR'S SIGNATURI	n-Randoll				

1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL HYGIE! REG. NO		
1. DECEDENT'S NAME (First, Middle, Last NO3/1 (NMN)_Hatfield.			2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 409-28-2286	5. SEX 6. AGE (In yr	rs. last birthday) IF UNDE YRS. 0	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country) ennessee
9a. FACILITY NAME (If not institution, give	street and number) 2115	HOSP C	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
10e. STREET AND NUMBER		We	101. ZIP CODE		10g. CITIZE	1 YES 2 NO
2236 RID	GE RD	0.40000	2/	157		.S.A.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2	≥X NO	If yee, specify Cuben, Mexic. 1 YES 2 NO Speci	in, Puerto Rican, etc.)	14 or No.—	I. RACE — American Indian, Black, White, etc. Spectly: WHITE
15. DECEDENT'S ED (Specify only highest grade Specify only highest grade Specify (0-12) Syrs.	College (1-4 or 5+)	e. DECEDENT'S USUAL ((Give kind of work done life. Do NOT use retired.) Painte	during most of working	16b. KIND OF BU	JSINESS/INDUS	тну
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Meide		
Lynch Hatfie.	La	195 MAILING ADDRES	V1rg	inia Fol		nde)
Edna S. Hatf			ige Rd. We			
20a METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	eview Me	leme of cometery, cremetory or morial Par	k E1d		y or Town, State
21. SIGNATURE OF FUNERAL STORE		22	NAME AND ADDRESS OF FOR Burrier Fu Winfield,	neral Ho		84
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):	MART FAIL	U2.18		ACT. LANGE
resulting in death) LAST	d					
PART II. Other significant condition		not resulting in the u	inderlying cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF OEATH (C	heck only one)		
EXAMINER?	HOSPITAL; 1 Inpatient 2 ER/Outpatie	ont 3 DOA 4 N				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	25b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28a PLACE OF INJURY -	At home, farm, street, fa	1 YES 2 NO	251. LOCATION (Stree City or Town, Stat		Flural Floute Number,
anal	/SICIAN: To the best of my knowledg					
29b. SIGNATURE AND TITLE OF CERTIF	enlam mp		29c. LICENSE NO	MBER	29d. DATE S	SIGNED (Month, Day, Year)
	NAM, MO ZI		NOTON INCTS	NESTIN	NOTE	2
31. DATE FILED (APR 2 3 90	32. REGULTINA'S DOUGH	ZBI-VI-VI				

M. Killing .

		1 - STATE REGISTRAR
BALTIMORE, MARYLAND 21203-3146 in death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 5.2. From Nat.	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (FINANCE) Harry A. 4. SOCIAL SECURITY NU 216-12-201 98. FACILITY NAME (II NO 1521 Cold RESIDENCE OF D. 100. STATE I'd. 100. STREET AND NUMBI 1521 Cold 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D (Specify Flemeglary/Secondar 7 th grad 17. FATHER'S NAME (First Thomas Ho 190. INFORMANT'S NAME I'VI'S DOYOT 200. METHOD OF DISPOS 18 Burled 2 Cremi
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 12 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 5 he filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremonal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list conif any, leading to immediate. CAUSE (Disease or interest under CAUSE (Disease or inter

FOR		STATE OF I	MARYLAN	D / DEPAR	RTMENT	OF	HFAITH	AND	MENTA	HYGIENI	=	9	0 1291
1 - STATE REGISTRAR				CERTIF						REG. NO.			
1. DECEDENT'S NAME (Flist) Harry A. H		, Sr.							2. DATE	of DEATH 23 ^{DA}	90	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME 216-12-2012	BER	5. SEX	6. AGE (In yr	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont/	of BIRTH b, Day, Year)		8. BIRTH Country	y)
9a, FACILITY NAME (If not in	stitution, give s		UL.		9b. CITY.	TOWN	OR LOCATI	ON OF DI		5-07	9c. COUN	TY OF D	Md.
1521 Cold Bo	ottom !					ark					Balt		
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOC	ATION						10d. INSIDE CITY LIMITS?
Md.	Bal ⁻	timore		S	parks	;							1 YES 2 NO
1521 Cold Bo	ottom I	Road				1	2115					JSA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive	Merried	12. WAS DECEDED FORCES?	YES 2	NO		f yes, t	ECENDENT C specify Cube ES 2 NO		in, Puerto	1? (Specify Yee Rican, etc.)	or No	14. RACE Block Speci	E — American Indien, c, White, etc.
15. DEC	EDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL OC	CCUPAT	TION nost of workli		16b	. KIND OF BUS	INESS/IND	JSTRY	
7 th grade	-	College (1-4 or 5	+)	life. Do NOT u	ise retired.)	uunny i	riost di Workir	v		State	Road	ds	
17. FATHER'S NAME (FIRST, M Thomas Hoo'									OUSE	Middle, Meiden	Surname)		
194. INFORMANT'S NAME (1		2011012								ber, City or Town			
ivins. Doroth		oover	20b. PL						Spark	s, Md.			No. State
20c. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Eline** 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home Hampstead, Md. 934 S. Main St. 21074													
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. Arter	use on each	line.							ratory arro	eet,	Approximate interval Between Onset and Death
Sequentially list condit	tions,	b		INSEQUENCE O									
If any, leading to imme	ING	c.	(011101101		, , ,								
CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE (OF):								
	-	d											
PART II. Other significa	ent condition	na contributing to	death but	not resulting	in the un	nderly	Ing cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											A		1 TYES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		PLACE OF E	EATH (C	heck only o	ne)			
1 X YES 2 NO		1 inpetient 2		mt 3 DOA			NJURY AT	esidence	7	SCRIBE HOW I	N HIEW OO	YIDED.	
1 Netural 5	Pending Investigation		Day, Year)		M	1	WORK?	NO	200. DE	SCHIBE HOW I	NJOH! OCK	ONED	
2 Accident 3 Suicide e 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, ferm,	street, fact	tory, of	fice	***	28f. LOC City	CATION (Street or Town, State)	and Number	or Rural I	Route Number,
onal		ICIAN: To the best of											s) and manner as stated.
29b. SIGNATURE AND TITLE						эринон	_	ENSE NU		and place, an			O (Month, Day, Year)
STAN STORES		Deputy		cal Exa		r		1085					24, 1990
Stanley Z				11 E. (St	reet	212	202				
31. DATE FILED (Month, Day, APR 2.4	90	32. REDISTR	DEN CO	1 Manda	or_								

TW AND 21203-3146

Ε	F	6	100
DALI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dif- he filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
0	after	mova	Ical
-	SULS	d in l	med
	1	fille fon,	the
o'	within	pletely	rent,
1	petro	등 들	C 61
2	exec	and or	mat
5	e De	Siciar	trau
0	rtifical	g phy	ther
5	4 Ce	Hyg	00
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	he dear	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	njury,
5	hat t	d by	ny l
Ś	Sau	signe	20
Ú	nbau	of H	shor
	MB	Dept.	23
4	V: The	State P	Item
>	ICIA	the the	6
5	PHYS	this with	Ked
Z	ING	Mer	E
2	END	DR: /	60
5	A AT	RECTI	E 2
5	10	Por Di	t Ite
	SPIT	VERA	Ë
	5	FE	RTA
	上	工	PO M
	F	FA	=

	FOR STATE OF MARYLANI 1 - STATE REGISTRAR		ENT OF HEALTH A		AL HYGIENI			
j,	1. DECEDENT'S NAME (First, Middle, Last)	OWELL		2. DA	TE OF DEATH	, 1990 YEA	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrd 5. 78		UNDER 1 YEAR IF UNDER 24	HRS. 7. DAT	TE OF BIRTH onth, Day, Year)	B. BI	RTHPLACE (State or Foreign puntry)	
	9a. FACILITY NAME (If not institution, give atreet and number)	96	. CITY, TOWN OR LOCATION		v. 20,	, 1911 KANSAS		
OR	114 ST. MICHAELS COTTAGES		ST. MICHA	ELS		TALBOT		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TO	OWN OR LOCATION		-	10d. INSIDE CITY		
	MARYLAND TALBOT	ST.	MICHAELS			1 TYES 2X NO		
RAL	100. STREET AND NUMBER 114 ST. MICHAELS COTTAGES		101. ZIP CODE 21663				OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S		13. WAS DECENDENT OF	HISPANIC ORIG				
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES		If yes, specify Cuben, 1 TYES 2 NO		io Rican, etc.)		poethy: WHITE	
COMPLETED	(Specify only highest grade completed)	Give kind of work	JAL OCCUPATION done during most of working tired.)	1	166. KIND OF BUS	INESS/INDUSTR	Y	
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) 12 2		TION ENGINE	ER	REGRIG	ERATION	1	
COM	17. FATHER'S NAME (First, Middle, Last)		16. MOTHE	R'S NAME (Fire	t, Middle, Malden	·		
BE	JAVES COOPER HOWELL 198. INFORMANT'S NAME (Type/Print)	105 MARING AD	ELI DRESS (Street and Number of		CARROL			
5	CLARA L. HOWELL		MICHAELS O					
	1 N Burial 2 Cremation 3 Removal from State oth	er place)	ON (Name of cemetery, cremate) EN CEVIETERY		125,130	CATION — City o	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7	22. NAME AND ADDRESS	OF FACILITY				
	Haying & Lunar	V	HARRISON				NOVE 21663	
	23. PART I. Enter the diseases, or compilications that caused the shock, or heart felture. List only one cause on each		enter the mode of dying	g, euch ee c	erdiec or respi	ratory erreet,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	TATIC	PROSTATE	Caso	0.010.00.1		Onset and Death	
ŀ	resulting in death) a. DUE TO (OR AS A CO		1103/1/12	CAIC	CINUMA	7		
NO	Sequentially list conditions, DUE TO (OR AS A CO	NSEQUENCE OF:						
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initiated events reculting in death) LAST	NSEOUENCE OF):						
	d.				I Promotive			
MEDICAL	PART II. Other algnificent conditione contributing to deeth but if	not reculting in t	he underlying ceuse gi	ven in Part I.	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
AED!					1 TYES 2	X	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA					
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/Outpetie 27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME O			ther (Specify) DESCRIBE HOW I	NJURY OCCURE	D	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	M 1 YES 2	NO				
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, office		OCATION (Street a Dity or Town, State)		ural Route Number,	
IPLE	29a. CERTIFIER (Check only one)							
S	2 MEDICAL EXAMINER: On the basis of examination an	id/or investigation, i			feta and placa, ar			
BE (296. SIGNATURE AND TITLE OF CERTIFICAL			26350	2	P 4/3	INED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		-				. 04.055	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAB'S SIGNATU	00 S. TA	LBOT ST. ST	. WILE	AELS. W	ARYLADI	21663	
	APR 24 90 Grilla Devidon	- Managar						

8	minish.	transit permit. Pages 1, 2, 3 should	
46, BALTIMORE, MARYLAND SEC. 8	4YSICIAN: The law requires that the death certificate be executed within 2× nours after death. Page 6 may be retained by the house or	completely filled in by the funeral director, page 5 should be detaction, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the first beautiful permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Lest MARY ANNA HAR									MY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6 AGE (In w	rs. (ast birthday)	IE IMPE	R 1 YEAR	IF UNDER	24 MD0	April 08	199		7:20 a PLACE (State or Foreign
216-38-1304	1 M 2 XF	102	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year)	1000	Country)
9a. FACILITY NAME (If not institution, give		102	THO.	27.0				April 3,		Mary	
				96. CIT		OR LOCATI	ON OF D	EATH	9c. COU	NTY OF DE	
Garrett County	Memorial	Hospit	al		0ak.	land				Garre	ett
10a. STATE 10b. COUN	TY		10c. CF	TY, TOWN	OR LOCA	TION	-				10d. INSIDE CITY
Maryland G	arrett			Mo	Hen	rst					LIMITS?
10e. STREET AND NUMBER	arrect			PIC		H. ZIP COD	E		I 10a. CIT		HAT COUNTRY?
Star Rt. 1 Box	0.6					2154					
11. MARITAL STATUS	12. WAS DECEDE	MT EVED IN III	e ADMED	12	WAS DE			NIC ORIGIN? (Specify Ye		JSA	- American Indian.
1 Never Married 2 Married	FORCES?	1 YES 2	KNO	13.	If yes, sp	pecify Cube	en, Maxico	en, Puerto Ricen, etc.)	e or no—	Black,	, White, etc.
3 X Widowed 4 Divorced	IF YES, GIVE	WAR OR OATE	5		1 TYES	S 2 2 NO	Spech	fy:		Specify	White
15. DECEDENT'S ED	UCATION	16	a. DECEDENT'S	S USUAL C	OCCUPATI	ION		16b, KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)		-	(Give kind of life. Do NOT L	work done	durina m	ost of worki	ng	100.11110.01.00	011200/111		
6	College (1-4 or 5	*)	Home	emake	er			0	wn Ho	me	
17. FATHER'S NAME (First, Middle, Last)						40 MOT	HEDIO N	AME (First, Middle, Maider		7.11.0	
Patrick H		Rodehe	aver			Lil		THE (FIRST, MICUIN, MICUO)	- Surnama)	T.71	hite
19a, INFORMANT'S NAME (Type/Print)		Rogene		0.400000	10.40						HILE
Earl Harvey			Star			Box 9		Mo II on the			
			1					McHenry,			
20a. METHOD OF DISPOSITION **EXBuriel 2 Cremation 3 Re	moval from State	oti	ACE OF DISPO							City or Tov	
4 Donation 5 Other (Specify)	1	Roc	leheave	_			_		aklan	id, Ma	aryland
21. SIGNATURE OF HAMEHAL SERVICE I	CENSEE	4		22.	. NAME A	ND ADDRE	SS OF F	P	.O. F	Box 2	43
- solut V	1d/un	et 1	100167		Ourst	t Fun	era.	1 11			d. 21550
23. PART I. Entar the diseases, or	complications th	at caused th	e death. Do	not ante	r tha me	ode of dy	ing, aud				Approximate
ahock, or haert feliure	. List only one ca	use on each	ilne.			,			, ,	,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	0 1	1 ***	1								
reaulting in death)	0.		ascular		cidei	nt					12 hours
		1531.00		. ,.	1		1 .	n :			** 1
Sequentially list conditions,	W		PIOTIC PASEQUENCE (110-	vascu	llar	Disease			Unknown
If any, leading to immediate cause. Enter UNDERLYING		70111101100	THOE GOE HOE (J. J.							
CAUSE (Disease or Injury	C. DUF TO	O FOR AS A CO	NSEQUENCE (DED:							
that initiated events resulting in death) LAST	501. 10	7 (011 115 11 00	NOLOOLIIOL (J. J.							
	d										-
PART II. Other aignificant condition	one contributing to	death but	not resulting	in the u	nderlylr	ig ceuse	given in			24b.	WERE AUTOPSY FINDINGS
Intra-trocha	nteric Fr	acture	left	femu	ır –	12 h	ours		PMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES	Z X NO		OF DEATH?
								_			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL					20.0	N 405 05 4	DE ATM CO				
EXAMINER?	HOSPITAL:			OTHE		LACE OF C	JEAIN (C	heck only one)			
15 YES 2 NO	1XXInpatient 2			1	1		lesidence	8 Other (Specify)			
27. MANNER OF DEATH 1 A Natural 5 Pending		Day, Year)		JURY	W	JURY AT ORK?		28d. DESCRIBE HOW			
2 Accident Investigation)0p ™			XNO				ing out of
3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — L. etc. (Specify)	At home, farm,	street, fee	ctory, offi	Ce		28f. LOCATION (Street City or Town, State	and Numbe	er or Rural A	loute Number,
4 Homicide detarmined			Home	9				Star Rt.#	l,Box	96,1	McHenry, M
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	of my knowledg	ge, death occur	red at the	time, dat	e and place	e, and du	a to the cause(a) and ma	nner as st	sted.	
noni								e time, date and place, a) and manner as stated.
295. SIGNATIONE AND TITLE OF CENTUR		-			_				*		
H. 1. 7	1/4	- /	1	2.	17	- C 250	0565	II. II.	1000000000		(Month, Day, War)
1 levere 1		pre	ore,	my	1		0.50.	70	PAP	TTT ;	9, 1990
30. NAME AND ADDRESS OF PERSON V	11-0										
Herbert H. Leig				Sts	3., ()akla	ınd,	Maryland	2155	0	
31. DATE FILEO (Month, Day, Year)	1 10	IAR'S SIGNATU	and the second								
APR 10 '90	golana	widow	No second								

...

at the burial-transit permit. Pages 1, 2, 3 should

D		ē
E FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral di		BTANT: If Item 28 is marked, or Item 23 shows any lajury, or other traumatic event, the medical examiner
he fa	ē	EX
6	mov.	lea
2	N re	ned
filled	Ju.	43
ely	natic	# 1
nple	Cref	ven
8	maj,	2
and	0 0	mat
clan	ior t	Ine
Shirts	e pr	er t
Du	gien	tio
endi	Ę	0
att	entra	NO.
the chi	M P	ije
d b	an an	20
igne	lealth	8 3
neu s	Of F	hov
s De	ept.	3 8
ha ha	o o	E
ficat	Stat	lle.
certi	the	0
this	With	reed
After	Seath	ma
DR:	ter 1	90
ECH	50	B 2
器	hou	lier
RAL	72	20
UNE	vithin	THAT
ш	P	8

	1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HY	GIEN G. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH			3. TIME OF DEATH
	Stuart Fairfax	Hamill,	Jr.						April	6.	1990	YEAR	6:50 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER		7. DATE OF BII	RTH		a. SIRTH	PLACE (State or Foreign
	219-14-5801	1 1 M 2 - F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 2		1916	Country	nnsylvania
	9e. FACILITY NAME (If not Institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		,	Bc. COUN		
SR	Garrett County Me	emorial H	ospital		(ak1	and					Gar	rett
DIRECTOR	RESIDENCE OF DECEDENT		ОБРЕСС									Out	1000
R	10a. STATE 10b. COUNT				Y, TOWN		ION						10d. INSIDE CITY LIMITS?
	Maryland Garrett				kland								1 TES 2 NO
FUNERAL	100. STREET AND NUMBER					101	. ZIP COD		10g. CITIZEN OF				HAT COUNTRY?
NE I		224 E. Alder Street					215						
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WWW IT					If yes, sp		in, Mexice	VIC ORIGIN? (Spen, Puerto Ricen, y:		n or No—		- American Indian, , White, etc. y: White
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATH	ON		16b. KIND	OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 -	life.	Give kind of work done during most of working s. Do NOT use retired.)									
P		5+		Judge	2					La	W		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Meiden	Surname)		
BE	Stuart Fairfax	Hamill, S	r.				(Glady	ys Roma	ine	Rose		
10	19a. INFORMANT'S NAME (Type/Print)								Route Number, Cit	ly or Tow	n, Stete, Zip	Code)	
	Kazuko Y. Hamill			24 E					0akl	and	, Md.	215	50
	20e. METHOD OF DISPOSITION 1 Buriel 2 Greenston 3 Rem	oval from State	20b. PLACE other pl	ace)				metory or			CATION —	-	
	4 Donation 5 Other (Specify)		Ome	ega C									W. Va.
	21. SIGNATURE OF FUNERAL SERVICE LIN	/					ND ADDRE				.O. B		
	Lolut M.X	Juse	M00167		I)urs	t Fur	nera	1 Home	- 0	ak1an	d, M	d. 21550
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Product to Due to	OR AS A CONSE	QUENCE O	n-j:	AN AN	CAN	RICE	FAILU	ır.	<i>G</i>	4	Interval Batween Onset and Daeth X/04/25
B		d											6500
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF OF DEATH?												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					LACE OF C	EATH (Ch	eck only one)				
SI	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	4 Nu		6 5 🗆 R	esidence	6 Other (Spe	olfy)			
ВУ РН	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	ay, Year)		JURY	1 🗆		□ NO	28d. DESCRIBI	E HOW	INJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, ferm,	street, fac	tory, offic	•		28f. LOCATION City or Tow			or Rural R	loute Number,
COMPLETED	299. CERTIFIER (Check only orie) 2 MEDICAL EXAMINE	ICIAN: To the best of e) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ng N	1				29c. LIC	ENSE NUI	MBER		29d. DATI	SIGNITO	(Monthy Day, Year)
6	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITE		Print)) ;	nd		Dona	Alv:	arez,	M.D	
	31. DATE FILED (Month, Day, Year)	A	R'S SIGNATURE										
	APR 9 '90	grains	evidous-17	ordinal a	•								

DHMH-18 Rev 1/89

r attending	use as the		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 Hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		nce.
d by the	id be de		d at o
e retaine	s 5 shou		notifie
6 тау б	tor, pag		nust be
h. Page	eral direc		niner n
fter deat	the fun	ioval.	al exar
HOURS 3	lled in by	1, or rerr	medic
within 23	pletely fil	cremation	ent, the
pecuted	and com	burial,	natic ev
cate be	hysician	e prior to	er traun
th certifi	tending p	II Hygien	or othe
t the dea	by the att	nd Menta	injury,
uires tha	signed t	Health a	ws any
law req	nas been	Dept. of	23 she
JAN: The	rtificate	ne State	or item
3 PHYSIC	r this cer	th with th	arked,
TENDING	TOR: Afte	ifter deal	28 is m
AL DR AT	L DIRECT	2 hours a	f item 2
HOSPITA	FUNERA	within 72	TANT: H
TO THE	TO THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND /					E			
	1. DECEDENT'S NAME (First, Middle, Last) ANNE		RRÍ	CATE OF	DEATH	REG. NO.	ĭ9	YEAR 3. TIME OF DEATH YEAR / P 2 / M		
		□M2× 72	M 2 XF 72 YRS. MONTHS DAYS HOUR			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Washington, D.C. TY OF DEATH			
FOR	9a. FACILITY NAME (If not institution, give street and number) Carroll County General Hospital RESIDENCE OF DECEDENT Westminster							Carroll		
DIRECTOR	10a. STATE 10b. COUNTY MD CARROLL			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZEN OF WHAT			
FUNERAL	3698 NINER	2. WAS DECEDENT EVER IN U.S. AR		13. WAS DE	CENDENT OF HISPAN	G VIC ORIGIN? (Specify Yea		U.S.A. 14. RACE — American Indian,		
BY	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, sp	pecity Cuban, Maxica S 2X NO Specifi	n, Puerto Rican, atc.)		Black, White, etc. Specify: White		
ETED	15, DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (Gi	ive kind of w	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	SINESS/IND			
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT US Homen			Dom	estic			
	17. FATHER'S NAME (First, Middle, Last)			1,274		ME (First, Middle, Meiden	Sumame)			
BE	Frank Tana 199, INFORMANT'S NAME (Type/Print)	19/	h MAILING	ADDRESS (Street		Carofeino Route Number, City or Tow	n State 7in	Cortel		
5	Jerome R. Harrigan									
	Jerome R. Harrigan 3688 Niner Road Finksburg, MD 21048 20a, METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State 4 Donatton 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES Acaignt 22b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Gate of Heaven Cemetery 22c. LOCATION — City or Town, Wheaton, MD 22l. NAME AND ADDRESS OF FACILITY Haight Funeral Home (P.O. Box 19: Sykesville, MD 21784 (301)—795—									
								, MD		
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer fellure. List only one couse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSECVENCE OF): A proximate interval Between Onest and Death DUE TO (OR AS A CONSECVENCE OF):									
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
: MEDICAL C	PART II. Other significent conditions	resulting I	esulting in the underlying ceuse given in Part			AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	neck only one)				
YSIC		HOSPITAL: I Inpatient 2 ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)				
РНУ	27, MANNER OF DEATH 1 A Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, a		YES 2 NO	281. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,		
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Ephrature 30. NAME AND ADDRESS OF PERSON WHO	Barres Completed	5 L W S L W (N 27) (Type,	Driele u'ele	29c. LICENSE NUI	992	1 4	SIGNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year) MAY 1 '90	32. REGISTRAR'S SIGNATURE	Andel	or or	NIL W	- WIN	4 56	NA 3177		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)
APR 1 9 '90

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

441

TOR NES MD

32. REGISTRAN'S SIGNATURE

FIRE STATES

												70	16.	1
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTAL _	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH	AV	YEAR	3. TIME OF DEA	ATH
	LEROY	HOSTE	T.ER						Apri		1990		11:25	AM
A	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH		8. BIRTHE	PLACE (State or I	
3)	167-09-5114	1 🔀 M 2 🗌 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		7/19	05	Country	n Maryla	nd
1	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	Y. TOWN C	R LOCATI	ON OF DE		1/13		TY OF DE		nu
Œ	Foot Doint Numa	ina Hor			Du	nda	11-				Pa	1+1+	nore	
5	East Point Nurs	Ind Hol	ue		Du	iiiua	TV				Da.	LUII	IOLE	
DIRECTOR	10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION		-			\Box	10d. INSIDE CIT	Υ
ā	Marvland B	altimo	re	Dui	ndal	.k							1 TYES 2 X	NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?	
EB	1734 Leslie Roa	d					212	222				USA		
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.		ENDENT (F HISPAN		(Specify Yes			— American Inc.	ilen,
	1 Never Merried 2 X Merried	IF YES, GIVE	YES 2 1	NO		If yes, spe			n, Puerto R y:	ican, etc.)		Specify		
ВУ	3 Widowed 4 Olvorced												White	
	15. DECEDENT'S EDUC (Specify only highest grade		/G	CEDENT'S	work done	during mo	N at of workli	na	16b.	KIND OF BU	SINESS/INDI	JSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u					- 1				_	
MP	8th		E	lec	tric	ian			Du	iques	ne L	ight	t Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE (John C. Hostetl	er					Lyc	dia	Frie	end				
0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
F	Dorothy K. Host	etler	1	734	Les	slie	Rd.	.; I	unda	ılk,	MD	2122	22	
	20s. METHOD OF DISPOSITION 1 S Burlel 2 Cremetion 3 Remo	numi from State	20b. PLACE other pl	OF DISPO	SITION (N	ame of cen	netery, crer	natory or			CATION —			
	4 Donation 6 Other (Specify)	JVEI HOM State	Bloom	iing	Ros	se C	emet	ery	r	Fri	ends	vil:	le, MD)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY	IIomo	a D	7		
	> 1 Lland	X 1000	mar	1						Home	536	. A .		
	23. PART I. Enter the placeses, or o			ath. Do					h as card			a et	Approxi	nate
	shock, of heert fellure.						de or dy	my, auc	ii ee cerc	iac or reap	natory arr	ret,	Interval	Between
	IMMEDIATE CAUSE (Final disease or condition	D.	1	0	4 .	50.	1.						Onset at	nd Death
	resulting in deeth)	o. Due To	CA GONE	hall 1		no	100						-	
		an	led in a) I	7								i	
O	Sequentially list conditions,	DUE TO	OR AS A CONSE	OUENCE O	fi:									
AT	if any, leading to immediate cause. Enter UNDERLYING												İ	
FIC	CAUSE (Disease or Injury that initieted events	DUE TO	(OR AS A CONSE	OUENCE C	F):								+	
CERTIFICATION	reaulting in deeth) LAST													
CE														
AL	PART II. Other algnificant condition	s contributing to	death but not	reaulting	In the u	nderlying	cause	given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY MAILABLE PRIO	
PHYSICIAN: MEDICAL	Arteriscle atra	role los	no	wer	4 6	will				1 TYES	2 NO		COMPLETION OF DEATH?	
ME	atri	file	Metin										1 TYES 2 7	NO
ä		Ü												
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	DEATH (C)	neck only on	9)				
SIC	1 WES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 WW		10 5 🗆 R	esidence	6 🗆 Other	(Specify)				
H	27. MANNEY OF DEATH	28a. DATE O	F INJURY Day, Year)	26b. TH	AE OF JURY		URY AT		28d. DE\$	CRIBE HOW	INJURY OCC	URED		
ВУ	1 Netural 6 Pending 2 Accident Investigation	,		,,,,,	M		YES 2 [NO						
	3 Suicide 6 Coujd not be	28e. PLACE (OF INJURY — At he	ome, ferm,	street, fac	ctory, offic	•			ATION (Street		or Rural R	loute Number,	
TE	4 Homicide determined	Soliding	, (opoony)						l city	or Town, State	,			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledge, de	eath occur	red at the	time, date	and place	, end du	to the care	se(e) and me	Direct en state	ad.		
ME	(Check only one) 2 MEDICAL EXAMINE) and manner ==	stated.
	29b. SIGNATURE AND TIPLE OF CERTIFIE													
BE	SIGNATURE AND THE CONCENTIONS	5 1	(mac	>			Zyd. LIC	ENSE NU	moen		29d. DATE	SIGNED	(Month, Day, Yea	7
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) /7m	Delet)		~	113	0		77	jui	1/1/19	10

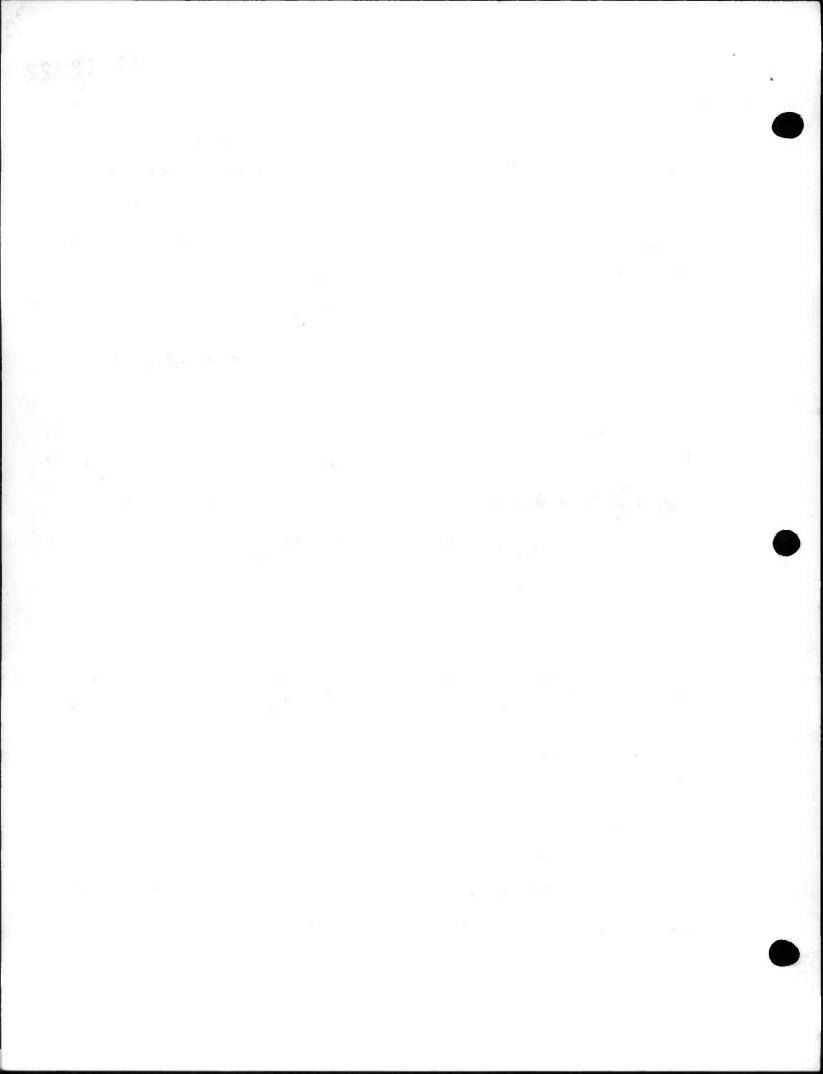
S, ELLWood AUE.

DHMH-16 Rev 1/89

FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	nedis Inan			-111111	ICAIL	OI.	DLA		HEG. NO			
1. D	ECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEATH	AY	YEAR	3. TIME OF DEATH
i	FRANCIS		п	ARR						199		11:59P M
AS	OCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS	April 15,	199		IPLACE (State or Foreign
0	OCIAE GEOSIII I NOMBEN		7//	YRS.		DAYS	HOURS	MIN.	(Month, Day, Year)	40.41	Counti	y)
117	9-48-4128	1 🗆 M 2 📈 F	17	THS.					april 12	19/6	ille	nomewo
90.	FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	TOWN O	R LOCATI	ON OF DE	EATH	9c. COL	UNTY OF D	EATH
E Wa	mandal Hamataal	1			C	1.	3		V	477		
Me 100	morial Hospital				Cumbe	erla	and			TALL	egan	y
100	. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
	0	RIL	,		P	1/		,	K Q	11		LIMITS?
	Ta,	Dento	ud		100	01	ale	2	10	9		1 TYES 2 NO
10e.	STREET AND NUMBER					101.	ZIP COD	E		10g. Cl	TIZEN OF Y	WHAT COUNTRY?
	KD H				(4	1	5- 5	- 5- 7	1	11	59
100.	MARITAL STATUS	10 WAS DECEDED	NT EVER IN U.S. AF	WE0.	T 40 MG	* C OFC	FNOENT (OF HICEA	NIC ORIGIN? (Specify Ye	a as Na	I sa Baci	E — American Indian,
	Never Merried 2 Merried		1 TYES 2 2						in, Puerio Ricen, atc.)	e or 140-	Blac	k, White, etc.
	Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES					Specif			Spec	thy:
	Widowed 4 Divorced										l	Vule
3	15. DECEDENT'S ED	DUCATION	16a. Di	CEDENT'S	USUAL OCC	CUPATIO	N of world	lo a	18b. KIND OF BU	SINESS/IN	DUSTRY	
- 1	(Specify only highest gra- Elementery/Secondary (0-12)	College (1-4 or 5	He	Do NOT u	work done du se retired.)	inny mos	SE OF WORK	ng		. /		
J /	Elementary/Secondary (0-12)	College (1-4 of 5	" A	anno	4.7.42	1100	. /		BUIN	44	ma	/
6	>		170	CHICK	may	eur			\$40 TV	110	ne	
17. I	FATHER'S NAME (First, Middle, Last)	, 0	1		3		16. MOT	HER'S NA	ME (First, Middle, Malder	Sumame)	0	1
	6 Lwood	1 Ke	dons	ell	U		777	ak	gatohil	1/2	om	as)
190	. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Numbe	or Runii	Floute Number, City or Tox	vn, State, Z	(ip Code)	
2 "	11 1 21	-		(1)		R	1 1	11	0			10-001
	unna De	west		LXIL	mc	110	ITLA	V	Pa,		-1	15521
200	, METHOD OF DISPOSITION Buriel 2 Cremetion 3 Re	mount trom State	20b PLACE	OF DISPO	SITION (Nam	ne of cen	netery, crei	matory or	20c. L0	CATION -	- City or To	own, State
	Donetion 5 Other (Specify)	movai trom state	_ 100		inta		0	Cler	notory PV	ONAI	amlu	Ille Ta
21.	SIGNATURE OF FUNERAL SERVICE	LICENSEE		200		AME AN	D ADORE	ESS OF FA	CILITY	11		01
	. , 9	1	1		N	FW.	MAN	F	UNERAL I	HOM	IES,	p. 14.
	A. Luna	7 Jeuma	w					SVIC	1 MM	7	15.21	1-
-	. PART I. Enter the disesses, o		at accord to a	nest Do	(2					Justania a	/ - C	l Appropriate
23	shock, or heart failure				not snier t	ins mo	as or ay	ring, suc	on we cardiac or rest	nratory s	rrest,	Approximate interval Between
IM	MEDIATE CAUSE (Finel		^		1/	1	1	11				Onset and Death
dis	sease or condition	1 on	an etin	0.	llea	15	m	100	10			
rea	eulting in death)	DUE TO	OF AS A CONSE	OUENCE O	E)	2						
- 11		1	Jon Au A Consc	1	0-	D	•					i
Ę _{s.}	equentielly list conditions,	D	enary	942	Kery	1	ese	eask	2			
2 30	any, leading to immediats	DUE TO	O (OR AS A CONSE	OUENCE O	F): V							
	use. Enter UNDERLYING											
	NUSE (Disesse or Injury st Initiated events	DUE TO	O (OR AS A CONSE	OUENCE O	IF):							
rei	aulting in desth) LAST											
į		d										
III DA	RT II. Other algnificent conditi	one contributing t	n death but not	resulting	In the unc	terlying	COUSO	alven In	Part I. 24a. WAS A	N ALITOPS	Y 241	b. WERE AUTOPSY FINDINGS
i '^	D - / A . O	0 -00-1	a M	-/-	0 1	7,	g cause		PERFO	RMED?	' -"	AVAILABLE PRIOR TO
	In abeles 1	Wester	8, 10	u.	IK K	991	Mg.	tal	3574 1 TYES	2 X NO		COMPLETION OF CAUSE OF DEATH?
d	Pnounionis	tin. 2	Pringer.	u T	INCA	UT	- 1	of.	Ś.,			1 - YES 2 NO
≦ ∦ /	THE TOUR BEAUTY	100- 0	-	1//	aug_	-	ay,		E.M.			
i II _												
25.	WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF	DEATH (C	heck only one)			
5	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		e 6 □ F	tealdence	6 Other (Specify)			
27	MANNER OF DEATH	26e. DATE C		28b. TH	_	28c. INJ			26d. DE\$CRIBE HOW	INJURY A	CCLIRED	
: "		(Month,	Day, Year)	IN	JURY	WO	PRK?	_	Zvo. DEGUNDE NOW	.,	Journey	
- 11	Natural 5 Pending 2 Accident Investigatio	n			М	1 🗆 '	YES 2	□ NO				
	3 Suicide 6 Could not b	26e. PLACE	OF INJURY - At h	ome, farm,	street, facto	ory, offic	•		281. LOCATION (Street	and Numb	per or Rural	Route Number,
í [.	4 Homicide determined		g, etc. (Specify)						City or Town, State	7		
294				_				-			_	
290	OTROCK OTHY	YSICIAN: To the best	of my knowledge, d	leath occur	red at the tir	me, dete	end plac	e, and du	e to the cause(e) end m	enner se s	tated.	
	anal	INER: On the bacle of	examination end/or	Investigati	on, in my op	pinion, d	leath occi	ured at the	e time, date and place, i	and due to	the ceuse	(e) and menner ee stated.
5		A	1						100	L		
298	b. SIGNATURE AND TITLE OF CERTIF	1 / / / / / / / / / / / / / / / / / / /	1 0			176	29c. LIC	CENSE NU	IMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
	/	10	refa				D1	7920		1	4-1	6-40
30.	NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (7/10	e, Print)							
									100			
	r N Saheta N	Comprist I		Cur	ber1	and	Mar	ryla	nd21	502		
100 000	DATE FILED (Month Day Year)	33 REGISTS	AR'S SIGNATURE					-	1000			
31.	APD 1 O On	1 4 5	4.4	The second								



	10	٧.	
	ηů	2	-
	É		
	0		
	80		
	黃		
	ET.		
	4		
Ė.	SUE		
Cia	두		
JAS.	unia		
ā	ā		- 1
ing	\$		
bug	38		
atte	8		
6	N		
ta	2		- 11
Sp	Je .		-d
¥	Tac		30
the state	8		6
3	2		4
8	일		De
tain	Sho		\$
9	S		9
8	age		9
nay	ä,		7
9	300		E S
8	E I		-
æ	Te C		and a
Ę	96		Ē
ë	2	_	ex2
fter	5	8	100
Sa	2	E.	ale of
3	.E	70	T e
Ę.	E E	ď.	
÷	Y	atio	5
ŧ	ete	E.	H,
S D	6	0	20
26	8	Ē	9
900	and	2	at
9	Se .	2	5
e D	Sici	90	E
cat	10	9	-
in the	9	Die	ŧ
20	B	F	-
atth	atte	g	
Ö	2	Mer	=
#	y	P	Ξ
that	P	1 20	3
62	5	He He	60
dij	22	Ĭ	8
9	99	0	48
No.	SE	Pept	23
2	63	e D	E
-	Cal	Stal	五
NA.	riti	he	6
Sic	9	P	ď,
£	this	¥	te.
9	6	tie.	Tage
S	Att	de	60
Ē	.H	her	8
A	5	60	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a finance after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	DUM	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	1	2 h	=
110	RA	7 7	-
8	UNE	=	N
H	14	≱	H
王	E	file	2
2	2	99	Σ

1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR Certif	RIMENT OF FICATE OF	HEALTH AND	MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Las Lena A.	HAY Wa	,					3. TIME OF DEATH 2 15 Am M
4. SOCIAL SECURITY NUMBER 215-26-4066.	1 □ M 2 💢 F	AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Pay, Year)	191	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give Riverwalk Ma		ng Home		on Location of D	EATH /	111111111111111111111111111111111111111	COMICO
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c. CI1	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
MD Wic	omico		Hebror	1			1/ YES 2 NO
10e. STREET AND NUMBER			1	01. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Lillian S				21830			U.S.A.
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic S 2 X NO Speci	NIC ORIGIN? (Specify 1 an, Puarto Rican, etc.) fy:	fee or No 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S Et (Specify only highest gra		(Give kind of	B USUAL OCCUPAT	FION nost of working	16b, KIND OF E	USINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	omemake	r	Ο.	n Home	
17. FATHER'S NAME (First, Middle, Last)		110	Jillemake		AME (First, Middle, Maid		8
Isaac	Ande	erson III		E11			chell
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stree	and Number or Rural	Route Number, City or 1	own, State, Zip Co	ode)
Sara Whayla		Box	582	Hebron,	Marylar	d 218	930
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 In a 4 Donation 5 Other (Specify)	emovel from State	20b. PLACE OF DISPO			20c.		y or Town, Stata
4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL MERVICE		7 1 301		AND ADDRESS OF F	ACILITY	58115	bury, Maryla
hunder	1 1/4	V					isbury, MD
IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	С.	AS A CONSEQUENCE C	DF):	is De	1 Eera		Onset and Daeth
PART II. Other algnificent condit	one contributing to dec	4 4			PERF	AN AUTOPSY FORMED? 2 XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	PLACE OF DEATH (C			
1 YES 2 NO	1 Inputient 2 EF		-	ome 5 Residence	8 Other (Specify) 28d. DESCRIBE HOV	W INJURY OCCU	BED
1 Natural 5 Pending	(Month, Day,)	Sar) IN	IJURY 1	YORK?			
2 Accident Investigation 3 Suicide 6 Could not to 4 Homicide determined	28e PLACE OF IN	JURY — At home, farm, (Specify)	streel, factory, of	fice	28f. LOCATION (Stre City or Town, Str		Rural Route Number,
(ones)	YSICIAN: To the best of my						l. cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIF	TIER		_	29c. LICENSE N		29d, DATE :	SIGNED (Month, Day, Year)
Stromas C Hel	I gun. D.	Medical [)noitor	DO 08	008	> 4	112/90
THOMAS C.	Hill JR.	108 Pune	Bluff	Rd.	Solsbury	a md	21801
31. DATE FILED (MONIT PRIV. Mer)	32. REGISTRAR'S	SIGNATURE DON-P	indese)))	

		Hou	
(The state of the s	S Cont	1
1		Jes i	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, A BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Place: The should be detached for use as the bunial-transit permit. Place to bunial, cremation, or removal.	00 HOURS AT THE RESERVE AND A SECOND AS A

	1 - FOR STATE REGISTRAR	E OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) RIC	HARD MICH	AEL H	IGGINS		2. DATE OF DEATH	Y _YEAF	3. TIME OF DEATH
	RICHARD M	+ LEGINS				4 3		3- 55 DM
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIF	TTHPLACE (State or Foreign untry)
	207-24-3415 ¹\\	² □ ^F 5.	5 YRS.	ONTHS DAYS	HOURE MIN.	05-15-19		nnsylvania
	9a. FACILITY NAME (If not institution, give street and no	umber)	9	b. CITY, TOWN O	DOCATION OF OR	ATH	9c. COUNTY OF	
DIRECTOR	SOUTHERN MARY MAD	HOSPITAL		CI	INTOI	7	PRINC	E YEORGES
W W	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
=	Maryland Charles		Bry	ans Ro	ad			1 TYES 2 NO
AL.	10e. STREET AND NUMBER		_	101	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	9 Dakota Court				206	16	U.	S. A.
S		DECEOENT EVER IN U.S.A	RMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, R/	ACE — American Indian, ack, White, etc.
	I I Mever wented 2 (2) wented	CES? 1 TYES 2 📉 S, GIVE WAR OR DATES	NO		2 NO Specify	n, Puerto Rican, etc.)		ecify:
BY	3 Widowed 4 Divorced							White
ED	15. DECEDENT'S EOUCATION (Specify only highest grade completed,	16a. D	ECEDENT'S US	SUAL OCCUPATION MORE MORE MORE MORE MORE MORE MORE MORE	N at of working	16b. KIND OF BUS	BINESS/INDUSTRY	1
	Elementary/Secondary (0-12) College	(1-4 or 5+)						
COMPLET	12	Pe	<u>t Sho</u>	p Owne	r	Pet Sto	ore-Rei	tail
TO BE COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE (Dennis A. Higgins				Margue	rite Hick	CS.	
B	19a. INFORMANT'S NAME (Type/Print)	.1	9b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
유	Annette S. Higgins	9	Dako	ta Cou	irt. Br	vans Road	d. Mar	vland 20616
	200: METHOD OF DISPOSITION	20b. PLACI	OF DISPOSIT		netery, cremetory or		CATION — City or	
	1 A Burial 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State St.		les Ce	metery	G1 v	mont.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	,		22, NAME AN	D ADDRESS OF FA	CILITY		
	10101	- SA				eral Home		
	Joseph Buton	ala				Maryland		
ERTIFICATION	23. PART. Enter the diseases, or complications abock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ona ceuse on aach iir	eouence on	t enter the mo	de of dying, suc	7		Approximate Interval Between Onset and Death
z	C >	and s	Yag	4 6	lum	11 00	stue	efact'
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO JOH AS A CONS	44	dis	inse	, eu	u.	
	resulting in death) LAST	(a A	alm	11-11	ell.			
2	PART ii. Other eignificant conditions contrit	outlog to death but not	regulting in	the underlyin	ceuse alven la	Part I. 24a, WAS AN	ALTTOREY I	24b. WERE AUTOPSY FINDINGS
	TATT II. Gales digital control of the	alli-i	1		2	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	- mine	at well	94	98011	armo	1 🗆 YES 2	□ NO	OF DEATH?
ME	Cight So	Ash of	Asle	w.		_		1 WES 2 NO
AN:								
\frac{4}{5}	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL .			ACE OF OEATH (Ch	eck only one)		
SICI	11001	etient 2 - ER/Outpatient	3 DOA	OTHER: I Nursing Hom	e 5 🗆 Residence	a Cother (Specify)		
РНУ	27. MANNER OF DEATH 28e	(Month, Day, Year)	28b. TIME INJUI		URY AT	28d, DEŞCRIBE HOW	NJURY OCCURED)
BY	1 Natural 5 Pending 2 Accident investigation	(rES 2 NO			
0		PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, str	eet, factory, offic		281. LOCATION (Street City or Town, State)		ral Route Number,
LET	298. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowledne	death occurred	at the time, date	and place, and due	to the causalat and ma	nner as stated.	
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the							se(a) and manner as stated.
ၓ	29b. SIGNATURE AND TITLE OF CENTIFIER		-		29c. LICENSE NU			NGO (Month, Day, Year)
O BE COMPLE	Men In	mice	M	0	D-2	2824	D	20/40
1	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DEATH TH	EM 37) (Type, F	Print)	1		1	, ,
	Corena (/Sua	300 9	450	Jeni	1. Ave	. #18	Mon	er Which

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

31. DATE FILED (Month, Day, Vegr) 90

FOR 1 STATE

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 56 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

TO BE COMPLETED BY

3

29e. CERTIFIER

31. DATE FILED (Mong

1 CERTIFYING PHYSICIAN: To 2 MEDICAL EXAMINER: On the

2.7 90

29b. SIGNATURE AND TITLE OF CERTIFIER

REGISTRAR				ERTIF	ICATI	E OF	DEAT	ГН	REC	G. NO.			
1. DECEDENT'S NAME (First	, Middle, Lest)								2. DATE OF DE	ATN DA	Y	YEAR :	3. TIME OF DEATN
	VELV	<i>J</i> A		HENDE	ERSON				Apri	.1 2	5, 19	990	09:00P N
4. SOCIAL SECURITY NUM		SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day,	TN (bar)		8. BIRTNP: Country)	LACE (State or Foreign
219-10-5	330 1	□ M 2 💢 F	9	71 YRS.	MONTHS	DATS	HOURS	MIN.	AUG	28,	1918		
9e. FACILITY NAME (# not is	nstitution, give etree	and number)			9b. CITY	, TOWN	R LOCATIO	ON OF DE	EATN		9c. COUN	TY OF DEA	NTN
297 CONOW		DAD			C	ONO!	VINGO)			CI	ECIL	
RESIDENCE OF DE	10b. COUNTY			10c CI	ry, town (OR LOCAT	NON.					Τ,	IOd. INSIDE CITY
		r			CONOW								LIMITS?
100 STREET AND NUMBER	1 0-0-	L			LOIVON	-	. ZIP CODI	E			10a CITIZ		IAT COUNTRY?
297 CONON	ITNICO DO	AD.											
297 CONOM		WAS DECEDED	IT EVER IN U.S.	ARMED	13	WAS DEC	219		NIC ORIGIN? (Spe	city Van		SA 14 BACE	- American Indian
1 Never Married 2	/	FORCES?	YES 2	NO .	100	If yes, sp		n, Mexica	in, Puerto Rican, e		G. 110-		- American Indien, White, etc.
3 Widowed 4 Div	beard	ir res, dive	MAN ON DATES			I [] YES	2 Mino	Specif	у:		_	Specify:	HITE
	CEDENT'S EDUCAT		16a. I	DECEDENT'S	USUAL O	CCUPATIO	ON	_	16b. KIND	OF BUS	INESS/IND		24.00
Elementary/Secondary (-	College (1-4 or 8		(Give kind of life. Do NOT u	work gone ise retired.)	aunng mo	St of World	ig					
UNKNOWN			-	HOUSE	WIFE	,			HC	ME			
17. FATHER'S NAME (First, A	fiddle, Last)		_				18. MOTI	NER'S NA	ME (First, Middle,	Meiden	Surname)		
ARTHUR C	SBORNE					38.	M	IAGG.	IE MOOD?	Z			
19a. INFORMANT'S NAME (Type/Print)								Route Number, City				
H. EARL		NC		297	7 CON	IOMII	NGO J.	CAOS	, CONOW	INGO), MA	RYLAI	VD 21918
20a METHOD OF DISPOSIT	TION	I from State	20b. PLAC	E OF DISPO	SITION (N	me of ce	metery, cren	natory or	1	20c. LO	CATION — C	Ity or Tow	n, State
4 □ Donation 5 □ Othe	r (Specify)		/ 00	IIWG/IC						(CONOW	INGO	MARYLAND
21. SIGNATURE OF FUNERA	AL SERVICE LICEN	SEE	/	//	22.		ND ADDRE				NATE:		
	afort	17		4.					FUNERAL EN RIS			MARY	ZIAND 2191
23. PART/I. Enter the c	liseeses, or con	plications the	at coused the	death. Do	not enter			_					Approximate
shock, or 1	neart failure. Lis	t only one ce	use on each li	ne.				100					Interval Between Onset and Daath
immediate cause (Fi	nai	V: 1	/										ATD 240 Am
resulting in death)	8	DUE TO	OR AS A CONS	SEQUENCE (OF):								1000
.													
Sequentially list condi if any, leading to imme cause. Enter UNDERLY		DUE TO	OR AS A CONS	SEQUENCE C	DF):								
cause. Enter UNDERLY	ING												
CAUSE (Disease or inj		DUE TO	OR AS A CONS	SEQUENCE C	OF):								
that initiated events reaulting in death) LAS	d												
PART II. Other aignific	ent conditions of	ontributing to	death but no	t resulting	in the u	nderlyin	C COURS (niven in	Part I 24a I	WAS AN	AUTOPSY	24h 1	WERE AUTOPSY FINDINGS
DIAL	for	.//:	2	hups					1	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
- VI 60 8	105 /	20111	us,	ryps	7/~	u S/	OM_		— ¹º	YES 2	NO		OF DEATH?
									-				1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL T												
EXAMINER?	1	IOSPITAL:			OTHE	R:			heck only one)				
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH	1	28e. DATE O	ER/Outpatient	3 DOA		raing Hon		esidence	5 Other (Spec		N R HOW COO	HIDEO	
	Pending		Day, Year)		JURY M	W	JURY AT ORK? YES 2	- NO	28d. DESCRIBE	NOW I	NJUNT UCC	OREU	
2 Accident	Investigation	28e. PLACE	OF INJURY — At	home ferm	street for			_ 140	251. LOCATION	(Street	and Alumba-	or Rund D	usta Mustabar
3 Suicide 8	Could not be	building	, etc. (Specify)	nome, rem,	acreet, rec	tory, offic	-		City or Town	otreel in State 1	IIIU NUMOR	or Munai Ho	oute reaminer,

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

32. REGISTRANS SIGNATURE HANDAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

ND 21203-3146

36	1 1	탱	44	
10	표	7	8	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 flours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	
Pag	-		Je.	
ė.	era		핕	
Seal	Į.		×	
19	음	100	40	
aft	3	Ê	103	
52	2	6	60	
8	Po	0	E	
1	臺	NO.	ine ine	
Hi.	lety	mai	-	
N.	ple	Sie	en	
2	E O	7	6	
SE	0	unia	Ilc.	Z
exe	2	0 0	BIL	0
8	ian	N. B	an	5
93	Sic	Pri	E	3
3	듄	9	je l	Ü.
ert	2	gie	5	E
9	Di	£	0	K
eat	atte	Ital	×	8
9	36	Me	후	_
45	3	P	=	4
tha	20	h a	E	0
SS	5	eaft	90	
'E	20	Ĭ	8	3
5	8	0	100	
W.	SS	Sep.	23	Z
2	93	9	E	3
- 1	Sat	Stal	5	2
A	E	92	0	>
Sic	8	h d	P.	I
ž	this	W	Ke	D.
9	18	£	197	≥
8	A	de	=	-
23	œ	ler	-	
Ê	100	af	28	H
Œ	K	MIN	E	Щ
	0	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	=	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
A	B	2	=	Σ
SP	NE	thin	Z	0
¥	2	3	E	0
뿔	뿔	P	Š	8
0	0	9	E	0
	-	0	-	2

	REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO	E	0 12	320
	1. OECEOENT'S NAME (First, Middle, Last) JULIA M. H	ILAMAN				2. DATE OF OEATH 25	90	3. TIME OF 070	
	218 92 5987	□ M 2 🔀 F	yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Dey, Year) March 23,	1925	BIRTHPLACE (State Country) Maryland	
TOR	9a. FACILITY NAME (if not institution, give street Union Hospital of RESIDENCE OF DECEDENT		ty	9b. CITY, TOWN C	or location of or	EATH	ec. COUNTY		
DIRECTOR	Maryland Cecil			, town or locat lkton	TION			10d, INSIDE LIMITS 1 YES	7
FUNERAL	10e. STREET AND NUMBER 903 East Old Phil	adelphia Ro	ad	101	21921			OF WHAT COUNT	RY?
BY FUN	11. MARITAL STATUS 12 1 Never Married 2 X Married 3 Widowed 4 Olvorced	. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 X NO	It yes, sp		HC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No- 14.	RACE — American Black, White, atc. Specify: Whi	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondery (0-12) 9					16b. KIND OF BU	SINESS/INDUST	FRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) E11	iott Dors	ey		18. MOTHER'S NA	ME (First, Middle, Meiden Mary Ca	Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) William T. Hilama		903 E	. Old Ph	iladelph	Route Number, City or Tow nia Road			21921
	20e, METHOD OF DISPOSITION APTII 1 1 Burlel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify)	from State	other piece)	Cemete	ry	Ca	lvert,	or Town, State Marylar	ıd
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Hicke		Bow	and Storton, MD	ockton Street	als, P. eets	Α.	
	23. PART I. Enter the diseases, pr cpm shock, or heart failure. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACULE OUE TO (OR AS A C	MYU CONSEQUENCE OF	Mac	the la	PARETTE		Intern	oximate ral Between 1 and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	SCUER	OTIC CI	ALS ET	KCULAR	ALSE	7SE	
PHYSICIAN: MEDICAL C	PART II. Other significent conditions c	ontributing to death but	t not resulting	n the underlyin	g ceuse given in	Pert I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTO AVAILABLE I COMPLETION OF DEATH? 1 YES	PRIOR TO N OF CAUSE
SICIAN		OSPITAL:	llent 3 🗆 DOA	OTHER:	LACE OF DEATN (Ch	6 Cher (Specify)			
ву рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Osy, Year)	26b. TIM	URY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY – building, etc. (Specifi	At home, farm, (street, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C							ause(e) and menne	r on atated.
BE C	29b. SIGNATIONE AND TITLE OF CERTIFIER	المتحدد			29c. LICENSE NU	- 1	29d. DATE S	IGNED (Month, Day,	Year)

JERA, M.D. 105 E. MAIN ST., ELKTON,

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NAJERA,

ROLANDO A.

31. DATE FILEO (Morith, Day, Year)

APR 2 7 '90

MD

	24 ho
o,	within
1314	executed
K	2
. EC	rtificate
פָ	8
J.	death
Ď	96
2	that
FCC	requires
7	SW.
4	The
F \	YSICIAN:
)	F
DIVISION OF VITAL HECORDS, P.O. BOX 13146,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no
\leq	DR.
_	7

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he imment and the should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the numer many found be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
or during the meaning by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after demonstrated and material or attending physician.

NO NO 27. MANNER OF DEATH 1 Natural

26'90

2 Accident 3 Sulcide

XX Homicide

1718 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4-23-90 Norman W. Haggins 12:30PM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 6-27-59 DAYS HOURS Key West, Florida 263-37-8496 30 1 📉 M 2 🗌 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3362 Curtis Drive Temple Hills Prince Georges Co. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Temple Hills 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20748 3225 28th Parkway United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☒ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. specify Cuban, Mexican, Puerto Ri-1XXNever Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced **Black** 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12th Customer representative Air Lines 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willie C. Haggins Margaret Clarke 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Margaret C. Harley 3225 28th Pkwy. Temple Hills, Md. 20a. METHOD OF DISPOSITION
1 Disposition 3 X Re 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, Stata Evergreen Funeral Home Key West, Florida 4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Alexander S. Pope Funeral Home a 2617 Pa. Ave. S.E. Wash, DC 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Gunshot wounds of back and head DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO XX YES 2 NO 25. WAS CASE REFERRED TO

RED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)
10	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nur	R: sing Home XX Residence	6 ☐ Other (Specify)
H 5 Pending Investigation	28a. DATE OF INJURY (Month, Dey, Year) found: 4-23-90	266. TIME OF INJURY 11:25 PM	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED Subject shot
6 Could not be determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, fac OME	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3362 Curtis Dr., Temple Hills

1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the targets, Confidence State Confidence on Maryland 29a, CERTIFIER EDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OCME 4-24-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Margarita A. Korell, MD 111 Penn Street, baltimore, MD 21201 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Fulla Davidson-Randalle VC

(3...) T

	Pages 1, 2,		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit. Prayer	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Egg. C-E	CARROLL		Hitc	h	2. DATE OF DEATH MONTH DO	19 199	3. TIME OF DEATH 16. 20 M	
1	The state of the s		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	?, DATE OF BIRTH (Monthy Day, Year)		BIRTHPLACE (State or Foreign Country)	
	2/2-/6-73SJ 3a. FACILITY NAME (If not institution, give street		FI YAS.	9b. CITY, TOWN O	OR LOCATION OF DE	\$/13/U	9c. COUNTY	ARYLAND OF DEATH	
6	Peninsula General I	losnital		Salishu	rv. MD		Wicomico		
ривесто	100. STATE 10b. COUNTY	Y	10c. CIT	Y, TOWN OR LOCAT	, ,		10d. INSIDE CITY LIMITS?		
		ICOMICO	S	ALISBURY			1 TES 2X NO		
FUNERAL	100. STREET AND NUMBER	THEC DD		101	2 180 1		10g. CITIZEN OF WHAT COUNTRY? USA		
ON		IZ. WAS DECEDENT EVER IN FORCES? 1 YES	U.S.ARMED	13. WAS DEC	ENCENT OF HISPAN	IIC ORIGIN? (Specify Yea		RACE — American Indian, Black, While, etc.	
BY	1 Never Married 2 X Married 3 Wildowed 4 Olivorced	IF YES, GIVE WAR OR DA			2 NO Specifi	n, Puerto Rican, atc.) /:		Specify: WHITE	
COMPLETED	15. OECEOENT'S EOUCA (Specify only highest grade co Elementary/Secondery (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ist of working	16b, KIND OF BUS	SINESS/INDUS		
MPL	8 YEARS	NO	CABINE	T MAKER		CARPEN	ITRY		
	17. FATHER'S NAME (First, Middle, Last) SAMUET. CLAREN	CE H	ITCH		18. MOTHER'S NA	ME (First, Middle, Malden VIRG)		JONES	
BE	SAMUEL CLAREN 190. INFORMANT'S NAME (Types/Print)	CE n	7	ADDRESS (Street e		Route Number, City or Tow			
5	DORIS B. HITCH					IKES RD, SA	ALISBUE	RY,MD 21801	
20e. METHOD OF DISPOSITION 4/23/90 1X Suriel 2 Cremetion 3 Removal from Sinte Other (Specify) WICOMICO MEMORIAL PARK 20c. LOCATION — City or Town, State SALISBURY, MD									
	21. SIGNATURE OF FUNERAL SERVICE LIGHT		1			ERAL HOME, E RD, SALIS	PA		
	· WRHO	llown	/h						
	23. PART I. Enter the diseases, pr co- ahock, or heert fellure. Lie IMMEDIATE CAUSE (Final disease pr condition resulting in death)	mplications that sound st only one cause of a company of the cause of the company	ch line.			h as cerdiec or reap	iratory arrest	Approximate Interval Between Onset and Death	
7	e.	O on g f J DUE TO (OR AS A	CONSEQUENCE O	Heurt	Failu	se			
TIO	Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):	1 -	16.6			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	DF):	4/	TAVEN			
ERT	reaulting in deeth) LAST								
MEDICAL O	PART II. Other significant conditione Alzheimes	contributing to death b		in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
								1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		1	
HYSI	1 VES 2 NO	Inpatient 2 ER/Outp	atient 3 DOA	4 - Nursing Hon	ne 6 🗆 Residence	6 C Other (Specify) 28d. DESCRIBE HOW	IN HIEW OCCUR	neo.	
ву Р	1 Natural 6 Pending 2 Accident investigation	(Month, Day, Year)		JURY WO	YES 2 NO	zed. DESCRIBE NOW	MJOHY OCCOR	ieu	
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic	10	26f. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLETE	(onto on only	AN: To the bast of my knowl						ause(e) and menner ee stated,	
E CC	20b. SIGNATURE AND TITLE OF CERTIFIER	031/	7		29c. LICENSE NU			IGNED (Month, Day, Year)	
TO B	fgratus 7.	Winter	on ()		03,	546	> 4	119/90	
	30, NAME AND AODRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)			7		
2	31A PATE FILED (Mepth Day, Year)	32. REGISTRAR'S SIGN.	ATURE	, ,					
	APK / D YU	March March	-						

may be the state of the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-moins after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	oval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
4 Hours a	filled in by	in, or rem	e medic	
J within 2	mpletely	. crematic	event, th	
be execute	sian and co	or to bunal	aumatic	
certificate	iding physic	Hygiene pri	r other tr	
the death	y the atter	d Mental	injury, o	
equires that	en signed b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	hows any	
The law re	ite has bee	ate Dept. c	em 23 sl	
YSICIAN:	s certifica	ith the St	ed, or it	
HO DNION	: After thi	r death w	is marke	
OR ATTE	DIRECTOR	nours afte	tem 28	
HOSPITAL	UNERAL	vithin 72 I	ANT: If	
TO THE	TO THE	be filed v	IMPORT	

	FOR STATE REGISTRAR	STATE OF M) / DEPAR					MENTAL	HYGIENE REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Louise T. Hott	on							2. DATE C	il 25	, 19	90EAR	3. TIME OF DEATH
A	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	, last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH			IPLACE (State or Foreign
)	216-38-9228	1 🗆 M 2 🔀 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG.	25, 19			LAND
m-	9e. FACILITY NAME (If not institution, give s		9b. CITY		l i sbu		EATH			INTY OF D			
DIRECTOR	Deer's Head Cen			Ja	1120	ui y			Wicomico				
E I	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
E	MARYLAND W	ICOMICO			SALIS	BUR	Z						LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER					101	ZIP CODE				10g. CI1	IZEN OF V	VHAT COUNTRY?
ER.	407 BEAGLAND PA	RK DRIVE					2180)]				US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED						(Specify Yea	or No-	14. RACE	American Indian, c, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W					2 XNO		n, Puarto Ri y:	can, etc.)		Speci	
		<u> </u>											WHITE
E	15. DECEDENT'S EDU (Specify only highest grade	e completed)	23/2	(Give kind of life. Do NOT u	work done			g	16b.	KIND OF BUS	INESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 + NO		SECRET		ROOI	Z KEE	PER		FINANO	CE C	OMPAN	JY I
COMPLETED	1 YEARS 17. FATHER'S NAME (First, Middle, Last)	NO		DE CRE I	AKI/	DOO				iddle, Maiden		0111	
		AMES	TOADV	TNE				ERTH		MARY	<i>surrienne)</i>	JONE	as a
H	LARRY 19a, INFORMANT'S NAME (Type/Print)	AMES	TUAD		ADDRESS	S (Street a				or, City or Town	State 7		
2	Company of the same of the sam								BURY,		2180		
	BARBARA FURBUSH 200. METHOD OF DISPOSITION 4/2	7/90	20b. PL/	CE OF DISPO					,			City or To	rwn, Stata
	1 N Buriel 2 Cremetion 3 Ren	noval from Stata	othi	SONS C				,				RY, N	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	111111	301.0	22	NAME AN	D ADDRES	SS OF FAC	CILITY				
	· Jakom. K	Locaci	mel	-						OME, PA		, MD	21801
	23. PART I. Enter the diseases, or				_								Approximate
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cau	se do sach	line.									Interval Between Onset and Daath
	disease or condition resulting in death)	Conge	stive	Heart	Fai	lure							vears
	resulting in death)	DUE TO	(OR AS A CO	NSEOUENCE C	F):								
z	A CONTROL HOLD STATE OF THE STA	b. Chror	nic Re	nal Fa	ilur	е							
E	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CO	NSEOUENCE C	HF):								
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury	c											
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE C	NF):								i l
H		d											
	PART II. Other algnificant condition	ns contributing to	death but n	ot reaulting	In the ur	nderlyin	cause g	jiven in	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
2	/									PERFOR	X		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_				OF DEATH?
~									_				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF D	EATH (Ch	neck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatier	n 3 🗆 DOA	OTHE		e 5 🗆 Re	sidenca	8 🗆 Other	(Specify)			
¥	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TH	ME OF JURY	28c. INJ	URY AT		28d. DES	CRIBE HOW II	NJURY O	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, 2	oy, 10a1/		M		YES 2	NO					
	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY A	t home, ferm,	streat, fac	tory, offic	•			TION (Street e	nd Numb	er or Rural	Route Number,
1	4 Homicide datermined		7,							,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of	my knowledge	e, death occur	red at the t	time, data	and place	, and dua	to the caus	se(a) and men	mer es st	ated.	
N N	0001	ER: On the besis of a:	camination and	d/or investigati	on, In my	opinion, c	leath occur	red at the	time, data	and place, an	d dua to	the cause(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LICI	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
B	yar.	0	RINK	0	M.	D		6003			12	1/2	4/90
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF QUATH	(ITEM 27) (Typ	e, Print)	,	_					1-	- 1 6
11		P.O. Box	× 2018	, Sali	sbur	y, M	ID 2	1802	2				
1	APR 2 5 '90	32. REGISTRA	R'S SIGNATU	RE BARL									
- 1	MI 11 2 - 00												

geret of

305 c (1 c)

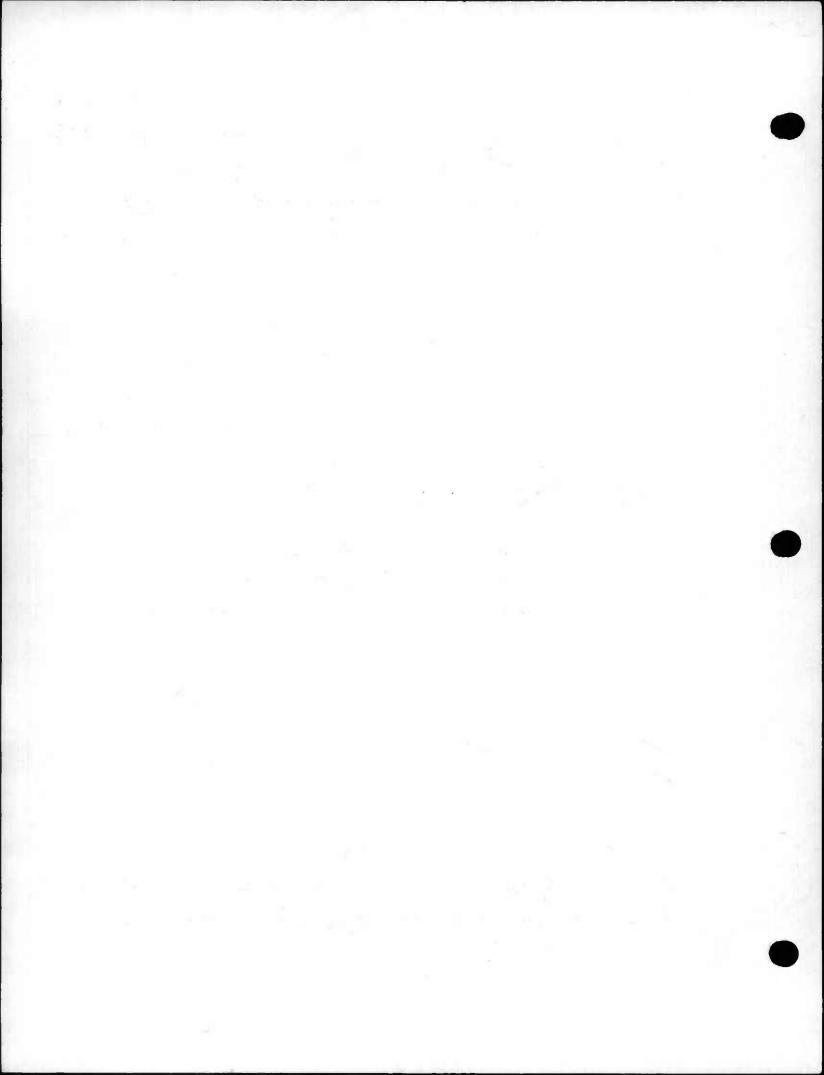
MICH. MY. IV. EVELY

nes of

energy and the large graph

- If I I'm - The in-

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MEN	TAL HYGIENE REG. NO.	90	1-10	2930	
	1. DECEDENT'S NAME (First, Middle, Last) PADYS C. A	44/1m					APRIL	10	YEAR 90	TIME OF DEATN 4 27 A M	
1	4. SOCIAL SECURITY NUMBER 577-90-0334	5. SEX 6. AGE ((In yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		ATE OF BIRTH Worth, Day, Year)		8. BIRTHPLA Country) Maryl	and	
H	9a. FACILITY NAME (If not institution, give st MAICOIM Grow Mes				OR LOCATION OF		TH 9c. COUNTY OF OEATH				
5	RESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	MD 100. STATE 100. COUNTY Prince	e George		r town or Loc trict H						d. INSIDE CITY LIMITS? YES 2X NO	
RAL	100. STREET AND NUMBER 6520 Halleck Stree	et			01. ZIP CODE 20747			USA	ZEN OF WHAT	COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	13. WAS O		can, Put	RIGIN? (Specify Yea arto Rican, etc.)		Bleck, WI	American Indian, htte, atc. White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT us	work done during i se retired.)	TION nost of working		16b, KIND OF BUS		USTRY		
MP	12		Homemake	er	,		Own Home				
	17. FATHER'S NAME (First, Middle, Last) George Cook				Elna Ya		irst, Middle, Maiden S	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Stree			Number, City or Town	, State, Zip	Code)		
2	Yates Ford Hallam		3554 \$	South R	ver Teri	race	Edgewa				
	20s METHOD OF DISPOSITION 1	oval from State	other place) Prospect			7			City or Town,		
	21. BIGHATURE OF FUNERAL SERVICE LIC		yas	22. NAME Rober	AND ADDRESS OF	lhe1	m Funera			N	
	23. PART I. Enter the disesses, or o	complications that cause List only one cause on a	d the death. Do i					ratory arn	est,	Approximate	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	B. Cardio DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / C. CALLUZ S		ng A	rrest					Interval Between Onset and Daath	
z		Cenh	a consequence of	alon	Accid	ens	-				
ATIO	Sequentielly list conditions, if any, leading to immediate cause, Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):	I I Mag	,	Mar	200	2		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	F):	u progra	un	7700	10 14			
CER		d									
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to death t	but not resulting	in the underly	ing ceuse givan i	in Part	I. 24a. WAS AN PERFOR	MED?	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION OF CAUSE DEATH? SES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Check or	nly one)				
HYS	1 DES 2 NO 27. MANNER OF DEATN	1 ☐ Inpatient 2 IE ER/Out 28s. DATE OF INJURY	28b. TIN	E OF 28c. I	ome 5 Assidence		Other (Specify) DESCRIBE NOW IT	NJURY OCC	CURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK? YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm,	street, factory, of	fice	281.	LOCATION (Street a City or Town, State)	and Number	or Rural Routi	s Number,	
COMPLETED	(Original Orin)	CIAN: To the best of my know								nd menner sa stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIED	Sm			29c, LICENSE N	6 T	2_	29d, DAT	1	onth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	MD 955	EATH (ITEM 27) (Type	. 11	cpre	er n	nacebore	, se			
	31. DATE FILED (Month, Day, Year) APR 16 90	dia Javidson-Ran									



DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

supportant is seen 28 to morted or them 23 shows any injury or other traumatic event the medical examinar must be notified at once	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within June after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burier transition or removal. To have place to make a should be detached for use as the burier transition or removal.
THE PERSON OF TH	IMPORTANT: If Item 28 is marked, or Item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Ging B		e Hamby		amby				2. DATE OF DEATH	" 1000	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. les	a blabala a	r tainen a ver			April 30,	1990		3:15 P.	M
	215-03-3214		1 🕮 M 2 🗆 F	76	YRS.	ONTHS DAY	8 HOURS	R 24 HRS, MIN.	Feb. 28,		Country)	ACE (State or Foreign	
	9e. FACILITY NAME (If not in				9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
ECTOR	10 North R		reet			Be.	Air			Har	ford	County	
	10e. STATE	10b. COUNTY	Y		10c. CITY, 1	OWN OR LO	CATION				1	od. INSIDE CITY	
糖	Maryland	Har	ford Coun	ty	В	al Air					1	LIMITS?	
A	10e. STREET AND NUMBER		-				10f. ZIP CODE 10g. CITIZE					OF WHAT COUNTRY?	
E	10 North R	eed St	reet					2101	14		U.S.	A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	MED NO	If yes		en, Maxican	C ORIGIN? (Specify Yea , Puarto Rican, atc.)		14. RACE - Black, Specify: White		
	15. DEC	EDENT'S EDU	CATION	16a, DE	CEDENT'S US	UAL OCCUP	ATION		16b. KIND OF BUS			3	
ETED.	(Specify online Elementary/Secondary (I	ly highest grade	completed) College (1-4 or 5+)	(G	ive kind of wor. Do NOT use r	k done during		ing					
교	12	-12,	College (F4 til 5 4)		Mercha	int			Art G	aller	У		
COMPL	17. FATHER'S NAME (First, M	fiddle, Last)		*			18. MOT	THER'S NAM	NE (First, Middle, Maiden	Surname)			
BE	Grover		even e		Hamby			Mir	mie		Plur	mmer	
10 8	19a. INFORMANT'S NAME (4 19	b. MAILING AI	ODRESS (Str	et and Numbe	er or Runai Ad	oute Number, City or Tow	n, State, Zip (Code)		
	Mrs. Nora		mby		10 No	orth I	Reed S	treet	, Bel Air	, Mar	yland	d 21014	
	20a. METHOD OF DISPOSIT 1 DEBuriel 2 Crematic 4 Donation 6 Other	on 3 🗆 Rem	eoval from State	other pi	of DISPOSIT	Pres	byter	ian C	h. Cen. C	cation—c	vill	e. Md.	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE Joseph			22. NAM	AND ADDRI	ESS OF FAC	way & Wil	funer	al Ho	ome	
CAG	1 Buch	arvol	L' talle			Be	Air,	Mary	rland 2101	11ams 4	Str	300	
	23. PART I. Entar tha d shock, or h		complications that List only one caus			entar tha	mode of dy	ying, auch	as cardiac or respi	ratory arre	ent,	Approximata interval Between	een
	IMMEDIATE CAUSE (Fig. disease or condition	nel				1 1	. /					Onset and De	ath
	resulting in death)	\rightarrow	a. CAR	1210/	Ulua,	1.40	eller	1				24125	
			A S A	OR AS A CONSE	OUENCE OF):							/ hans	
NO NO	Sequantially list condit		DUE TO	OR AS A CONSE	OUENCE/OF):							104/52	
CERTIFICATION	If any, leading to imme cause. Entar UNDERLY	ING	. 5/71/	ERE	the	umi	red	AR	Thixis			101/ns	
E E	CAUSE (Disease or Injuthat Initiated events		DUE TO (OR AS A CONSE	OUENCE OF):		0 -01		1 - 1			1	
	resulting in death) LAS	ST	d. Den	ue b	hen	us =	seam	dan	O atone			44/25	
9 1	PART II. Other algoritics	ent condition	na contributing to	death but not	reaulting in	the under	vino cause	given in F	Part J. 24a. WAS AN	ALITOPSY	24h 1	WERE AUTOPSY FINDIN	igs
MEDICAL								9,101,111	PERFOR	RMED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSI	
E 0									1 □ YES 2	NO NO		OF DEATH?	
									_		'	YES 2 NO	
AN	25. WAS CASE REFERRED T	TO MEDICAL				2	. PLACE OF	DEATH (Che	ck only one)				_
SC	EXAMINER?		HOSPITAL:	ER/Outpatient		THER:			5 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF I	NJURY	26b. TIME (OF 26c	INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OCC	URED		_
ВУ Р	1 Natural 5 _	Pending Investigation	(MONIN, DE	y, reary	Moor		YES 2	□ NO					
0 0	0 0 0 1114	Could not be	28e. PLACE OF building, e	INJURY - At he	ome, ferm, str	et, factory,	office		26f. LOCATION (Street City or Town, State)		or Rural Ro	ute Number,	
ETE		datarmined											
COMPLETE	one)								to the cause(a) and me time, deta and piece, ar			and manner as stated	d.
E	290, SIGNATURE AND TITLE	E OF CENTURE	я 0				29c. LK	CENSE NUM	SER	29d. DATE	SIGNED (Month, Day, Year)	
0	Ducken	RU	ellen	mi			1	094	182	►Ap:	ril '	30, 1990	
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, P	rint) 45	7-47	71		*	-	, , , , ,	
	Dudley	Phill:	ips, M.D.	Mason	ic Bui	lding	, Dar	lingt	on, Maryl	and 2	1034		
	31. DATE FILED (Month, Day,	AY 01	32. REGISTRAI	Lina Day	idam D	ando DO							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

```
. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
                            .
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               James III Caral
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             1
         in a second of the second of the second of
                                                                          - Tipo tetting and a company of the light of
```

1 - FOR STATE REGISTRAR

	۲,
13146,	and the second property of the second
O. BOX	the mandifferents from
RDS, P	that the day
RECO	and on dealing
OF VITAL RECORDS, P.O. BOX 13146,	MANAGER AND AND A
DIVISION	A CHICAGO
0	-

,	1. DECEOENT'S NAME (Firs	t, Middle, Last)						2.	DATE OF DEATH		3.	TIME OF DEATH
- 1	Her	beret	A. Ho	ff-					MONTH / DI	3/ 9	YEAR	12/5
	4. SOCIAL SECURITY NUM			AGE (In yrs. l		IF UNDER 1 YEAR			DATE OF BIRTN (Month, Day Year)	7	8. BIRTHPLA Country)	CE (State or Foreign
-	577-38-7803		1 1 2 F	7	6 YRS.	ONTHS DAYS	HOURS	MIN.	12/30/	13	_	Carolina
n.	DIL FACILITY NAME (If not i					9b. CITY, TOW		N OF DEATH	2	9c. COUN	TY OF DEAT	Н
97	MA/COIM 9	CEDENT	edical Ch	r		Andr	evs	ME)	1	19	
	10s. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR LO	CATION				10	1. INSIDE CITY LIMITS?
H	Maryland	Pri	nce George	es	Su:	itland					1	YES 2 X NO
ERAL	10e. STREET AND NUMBER						101. ZIP CODE					COUNTRY?
ig	4794 Huron	n Ave.					2074				S.A.	7-1
FUN	11. MARITAL STATUS 1 Never Married 2	Y Married	12. WAS DECEDENT ET	YES 2		If yes,	specify Cuban	, Mexican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No-	Black, W	American Indian, hita, etc.
à ∥	3 Widowed 4 Div		1941- 194			1 1 1	ES 2 NO	Specify:			Specify:	white
	15. DE	CEDENT'S EDU	CATION	16a. C	(Give kind of we	ISUAL OCCUPA	ATION most of working	7	16b. KIND OF BUS	BINESS/INDO	JSTRY	
E	Elementary/Secondary (College (1-4 or 5+)	- "	lle. Do NOT use	retired.)			,,,,	0		
COMPL	12			Se	curity	y Guar					rnmen	<u> </u>
- 11	17. FATNER'S NAME (First, I		:				2000	ammie	(First, Middle, Maiden (Unob		h1a)	
H	19a. INFORMANT'S NAME				19b. MAILING	ADORESS (Stra			Number, City or Tow			
2	Edith Hoff								nd,MD. 20			
	20s. METHOD OF DISPOSI	TION	to a final			TION (Name of					aty or Town,	State
-1	1 N Burlel 2 □ Cremati 4 □ Donation 8 □ Othe		oval multi stats			L1 Cem	eterv	la	Su	itlan	d. MD	
4	IL BONATURE OF FUNER	AL SERVICE LIC	BAREN	711		22. NAME	AND ADDRES	S OF FACILI	TY		,	tland Rd
	Du	ea ;	1 Delle	au	_	Robe	ert E.	Wilhe	elm, Inc	Sui	tland	MD. 207
ERTIFICATION	Sequentially list condi if any, leading to immosuse. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA	ediate YING jury	b. ACULO DUE TO (OF C. OUE TO (OF	AS A CONS	CALLES BEQUENCE OF SEQUENCE OF	in the	Condi	din.	n even-D	isek	ne_	
CAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 MNO											
	forte								PERFO	RMED?	Al-	AILABLE PRIOR TO
MEDI	- Aorte		wanden	e of	region				PERFO	RMED?	AN CC OI	MILABLE PRIOR TO
MEDI	Agrifuc Syp 25. WAS CASE REFERRED EXAMINER?	n	benden	e of	refor	open		?	PERFO	RMED?	AN CC OI	AILABLE PRIOR TO IMPLETION OF CAUSI DEATH?
SICIAN: MEDI	EXAMINER?	n	HOSPITAL:	9/Outpatient	3 🗆 DOA	OTHER:	PLACE OF D	EATH (Check	PERFOI 1 VES : only one) Other (Specify)	RMED?	AM CC OI	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI	EXAMINER? 1 Fes 2 NO 27. MANNER OF DEATH	n	HOSPITAL:	R/Outpatient	<i>y</i>	26 OTHER: 4 Nursing It	PLACE OF DI	EATH (Check sidence 8 [PERFOI	RMED?	AM CC OI	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDI	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL Pending Investigation	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN. (Month, Day,	R/Outpatient JURY Vear) JURY — At	3 □ DOA 29b. TIME	26 OTHER: 4 Nursing I: OF 28c. JRY 1	I. PLACE OF DI forme 8 Re INJURY AT WORK? YES 2	EATH (Check sidence 8 [28	only one) Other (Specify) Id. DESCRIBE NOW M. LOCATION (Street	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AN CIC ON 1	AILABLE PRIOR TO MIPLETION OF CAUS DEATH? YES 2 NO
ED BY PHYSICIAN: MEDI	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	TO MEDICAL	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN. (Month, Day,	R/Outpatient JURY Vear) JURY — At	3 □ DOA 29b. TIME	26 OTHER: 4 Nursing I: OF 28c. JRY 1	I. PLACE OF DI forme 8 Re INJURY AT WORK? YES 2	EATH (Check sidence 8 [28	only one) Other (Specify) Id. DESCRIBE NOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AN CIC ON 1	AILABLE PRIOR TO MIPLETION OF CAUSI DEATH?
OMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN. (Month, Day,	R/Outpatient IURY Year) **JURY — At . (Specify) knowledge,	3 □ DOA 28b. TIME INJU home, farm, st	OTHER: 4 Nursing OFF	PLACE OF DI forme 8 Re INJURY AT WORK? YES 2 Office	EATH (Check standard	only one) Other (Specify) Id. DESCRIBE NOW Off. LOCATION (Street City or Town, State) the cause(s) and ma	INJURY OCC	ALCO OIL TO THE POUR POUR POUR POUR POUR POUR POUR POUR	ARLABLE PRIOR TO MINPLETION OF CAUSE DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDI-	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	TO MEDICAL Pending Investigation Could not be determined RTIFYING PNYS DICAL EXAMINI	HOSPITAL: 1 Inpetient 2018 28e. DATE OF IN. (Month, Dey, 28e. PLACE OF II building, etc. ICIAN: To the best of my ER: On the basis of exam	R/Outpatient IURY Year) **JURY — At . (Specify) knowledge,	3 □ DOA 28b. TIME INJU home, farm, st	OTHER: 4 Nursing OFF	PLACE OF DITIONS 8 Re INJURY AT WORKY YES 2 Inflice date and place, n, death occur 29c. LICE	EATH (Check sidence 8 2 28 3 NO 28 4 not due to the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of the time of time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of the time of time of the time of time of the time of time o	only one) Other (Specify) Id. DESCRIBE NOW Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify)	INJURY OCC	An Otto Otto Otto Otto Otto Otto Otto Ott	ARLABLE PRIOR TO MMPLETION OF CAUSE DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 DES 2 NO 27. MANNER OF DEATH 1 Netural 5 DEATH 2 Accident 3 Suicide 8 DEATH 4 Homicide 20e. CERTIFIER (Check only one) 2 ME	TO MEDICAL Pending Investigation Could not be determined RTIFYING PNYS EDICAL EXAMINI LE OF CERTIFIE	HOSPITAL: 1 Inpetent 2 E 28e. DATE OF IN. (Month. Dey. 28e. PLACE OF II building, etc. ICIAN: To the best of my ER: On the basis of exam	R/Outpetient IURY Vear) IJURY — At (Specify) knowledge, instion and/	3 DOA 28b. TiMe INJU home, farm, si death occurre or investigation	OTHER: OTHER: OF PRY M 1 [treet, fectory, c d at the time, c n, in my opinio	PLACE OF DITIONS 8 Re INJURY AT WORK? YES 2 Inflice date and place, n, death occur 29c. LICE	EATH (Check sidence 8 2 28 3 NO 28 4 and due to the time of at the	only one) Other (Specify) od. DESCRIBE NOW Office (Specify) od. LOCATION (Street City or Town, State the cause(s) and ma	and Number	An Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	ARLABLE PRIOR TO MAPLETION OF CAUSE DEATH? YES 2 NO Number, Number, And manner as stated onth, psy, Year)
BE COMPLETED BY PHYSICIAN: MEDI-	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TITE	TO MEDICAL Pending Investigation Could not be determined RTIFYING PNYS DICAL EXAMINI LE OF CERTIFIE WWW.	HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN. (Month. Dey. 28e. PLACE OF II building, etc. ICIAN: To the best of my ER: On the basis of exam R L MO COMPLETED CAUSE MD G G G G G G G G G G G G G	P/Outpetient IURY Vear) HJURY — At (Specify) knowledge, ination and/	3 DOA 29b. TIME INJU home, ferm, s death occurre or investigation	OTHER: OTHER: OF PRY M 1 [treet, fectory, c d at the time, c n, in my opinio	PLACE OF DITIONS 8 Re INJURY AT WORK? YES 2 Inflice date and place, n, death occur 29c. LICE	EATH (Check sidence 8 2 28 3 NO 28 4 and due to the time of at the	only one) Other (Specify) od. DESCRIBE NOW Office (Specify) od. LOCATION (Street City or Town, State the cause(s) and ma	and Number	An Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	MPLETION OF CAUSE DEATH? YES 2 NO No Number, Indiananter as stated onth, Pey, Year)
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 PES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND TITE	TO MEDICAL Pending Investigation Could not be determined RTIFYING PNYS EDICAL EXAMINI LE OF CERTIFIE OF PERSON WE	HOSPITAL: 1 Inpetient 2 E 28a. DATE OF IN. (Month, Day.) 28a. PLACE OF II building, etc. ICIAN: To the best of my ER: On the basis of exam	P/Outpetient IURY Vear) HJURY — At (Specify) knowledge, ination and/	3 DOA 29b. TIME INJU home, ferm, s death occurre or investigation	OTHER: OTHER: OF PRY M 1 [treet, fectory, c d at the time, c n, in my opinio	PLACE OF DITIONS 8 Re INJURY AT WORK? YES 2 Inflice date and place, n, death occur 29c. LICE	EATH (Check sidence 8 2 28 3 NO 28 4 and due to the time of at the	only one) Other (Specify) Id. DESCRIBE NOW Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify) Office (Specify)	and Number	An Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	ARLABLE PRIOR TO DIMPLETION OF CAUSE DEATH? YES 2 NO Number, Number, Number, Number, Number, Number, Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE STATE CERTIFICATE OF DEATH REG. NO.												
1. DECEOENT'S NAME (First, Middle, Last)			,					2. DATE OF MONTH	DEATH DA	,	YEAR	3. TIME OF OEATH
Albert	M.	Hort	on					4-	7-	199	0	21:40 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, D			8. BIRTH Gountry	PLACE (State or Foreign y)
243 30 5731	1 M 2 D F	65	YAS.			April 14,1924 N.Carolina						
9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CIT	TY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH							
Washington Adver	ntist Hos	pital				_	Ta	koma I	Park	Mont	gome	ery
10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATI	ON						10d. INSIDE CITY LIMITS?
Maryland Prince	e George	S	_Boy	wie								1 X YES 2 NO
10e. STREET AND NUMBER	al min saw				101.	ZIP COOE				10g. CITIZ	ZEN OF W	VHAT COUNTRY?
3900 Conifer Lan						0715						States
11. MARITAL STATUS 1 Never Merried 2 X Merried	FORCES? 1	T EVER IN U.S. ARI		13.	If yes, spe-	city Cube	n, Mexice	IC ORIGIN? (Specify Yes en, etc.)	or No-	Black	— American Indien, c, White, etc.
3 Widowed 4 Oivorced	IF YES, GIVE W	AR OR OATES 4	3-46		1 TYES	2 <u>X</u> NO	Specify	No			Speci	White
15. DECEOENT'S EOUC (Specify only highest grade		16e. OEG	CEDENT'S	USUAL C	OCCUPATION during mos	N		18b. KI	NO OF BUS	INESS/INO		
Elementary/Secondary (0-12)	College (1-4 or 5	·) life.	Do NOT us	se retired.))		g					
12 Medical Director U.S. Government												
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)												
Harry Horton Arnell Sayles 190. INFORMANT'S NAME (TyperPrint) 190. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
										_		715
Mildred B. Ho	rton	20b. PLACE (_	ifer			owie,	1	TATION —		
1 St Burlet 2 Cremetion 3 Remo	oval from State	other pla	ice)		noria			c				le Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Dake	MOITE	22	NAME AN	O AOORES	SS OF FA	CILITY				20 2200
Robert & &	181000	Pa								-		1 1 20715
23 PART I Enter the diseases or o	complications the				Robert E. Euma Pres. Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland 207							y1and 20/15
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate								Approximate				
								h as cerdia	c or respi	retory arr	reat,	intarvai Between
· ·				not ente	or the mod	hai	ing, such	h as cerdia	c or respi	retory arr	reat,	
IMMEDIATE CAUSE (Final	List only one cau			not ente	or the mod	Jan	lug, such	h as cerdia	c or respi	retory arr	eat,	intarvai Between
IMMEDIATE CAUSE (Final disease or condition	List only one cau	lse on each line.		NOT ente	or the mod	Jan Jan	llu Llu	h as cerdia	c or respi	retory arr	reat,	intarvai Between
IMMEDIATE CAUSE (Final disease or condition	List only one cau	(OR AS A CONSECUTION		OM-C	or the mod	Jan	lu Ling, suci	L L	c or respi	retory arr	reat,	intarvai Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO OUE TO	(OR AS A CONSECUTION OF AS	PLO MENCE OF	104 104 104	Sty O	Jan	ling, such	u L	c or respi	retory arr	reat,	intarvai Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. OUE TO OUE TO	(OR AS A CONSECUTION	PLO MENCE OF	104 104 104	or the mod	de of dyl	JW LM	L L	c or respi	retory arr	eat,	intarvai Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO OUE TO	(OR AS A CONSECUTION OF AS	PLO MENCE OF	104 104 104	SUL O	Jan	LM	L S	c or respi	retory arr	eat,	intarvai Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. OUE TO b. OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF	TOM	ory	Jan Je	lw	4	4e, WAS AN	AUTOPSY		intarvai Between Onset and Death Onset and Death
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. OUE TO b. OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF	TOM	ory	Jan Je	lw	Part 1. 2		AUTOPS Y		interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. OUE TO b. OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF	TOM	ory	Jan Je	lw	Part 1. 2	4s. WAS AN	AUTOPS Y		intarval Between Onset and Death Death were autopsy findings AMILABLE PRIOR TO
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. OUE TO b. OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF	ralla LOM Pi:	ory	Jan Je	lw	Part 1. 2	4s. WAS AN	AUTOPS Y		interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	B. OUE TO OUE TO OUE TO OUE TO OUE TO	(OR AS A CONSECTION AS A CONSE	DUENCE OF	F): UOM F): in the u	Suy Out Out of the Control of the Co	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	Len given in	Part 1. 2	4s. WAS AN	AUTOPS Y		interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 100	B. OUE TO D. OUE TO OUE TO OUE TO OUE TO OUE TO D. OUE T	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE OF	OTHE	Junderlying 28. PL ER: unaling Homo	Couse (Jun Jun given in	Part i. 2 1 eck only one) 5 □ Other (5	4e. WAS AN PERFOR	AUTOPSY MED?	246	interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 1 YES 200	B. OUE TO D. OUE TO OUE TO OUE TO OUE TO OUE TO	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DOAR 28b. TIM	OTHE	28. PL ER: uraing Home	ACE OF O	JUM given in	Part i. 2	4e. WAS AN PERFOR	AUTOPSY MED?	246	interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 27. MANNER OF DEATH Setural 5 Pending investigation	OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO	(OR AS A CONSECTION OF AS A CONS	DOA 28b. TIME	OTHE	26. PLER: unling Home World 1 Y	ACE OF O	JUM given in	Part I. 2 1 1 Control of Contr	4a. WAS AN PERFOR	AUTOPSY MED?	24b	interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERBEO TO MEDICAL EXAMINER 1 YES 2 NO 27. MANNER OF DEATH Setural 5 Pending	B. OUE TO B. OUE TO C. OUE TO C. OUE TO d	(OR AS A CONSECTION OF AS A CONS	DOA 28b. TIME	OTHE	26. PLER: unling Home World 1 Y	ACE OF O	JUM given in	Part i. 2 1 eck only one) 6 Other (3 286, DESC!	4a. WAS AN PERFOR	AUTOPSY MED?	24b	interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER 1 YES Y	B. OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO OUE TO A contributing to A contributing to A contributing to Example 1 Separate 1 Separa	(OR AS A CONSECTION OF INJURY — At horse, (Specify)	DOA 28b. TiM.	OTHE 4 No.	28. PL ER: uraing Homo 26. INJU 00 1 Yes	ACE OF O	Jun Jun given in	Part i. 2 ck only one) 6 Other (: 28d. OESC! 28f. LOCAT. City or	4a. WAS AN PERFOR	AUTOPSYMED?	24b CUREO r or Rural I	interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 27 27. MANUER OF DEATH INVESTIGATION INVEST	ACCIAN: To the best of	(OR AS A CONSECTION OF INJURY — At horeic. (Specify)	DOA 28b. TIM. IN.	OTHE 4 No.	28. PL ER: Plost Home 26. INJ. WOO 1 Up to the control of the cont	ACE OF O 5 Re BRY AT RK? ZES 2 and place	JUM given in BEATH (Chassidence) NO	Part I. 2 ck only one) 6 Other (3 28d. OESCI 28f. LOCAT City or	4a. WAS AN PERFOR YES 2	AUTOPSYMED?	CUREO CUREO r or Rural I	interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1 YES 27 27. MANUER OF DEATH INVESTIGATION INVEST	ACCIAN: To the best of	(OR AS A CONSECTION OF INJURY — At horeic. (Specify)	DOA 28b. TIM. IN.	OTHE 4 No.	28. PL ER: Plost Home 26. INJ. WOO 1 Up to the control of the cont	ACE OF O	JUM given in BEATH (Chassidence) NO	Part I. 2 eck only one) 6 Other (3 28f. LOCAT City or to the cause time, date ar	4a. WAS AN PERFOR YES 2	AUTOPSY MED? NJURY OCC and Number oner es stat d due to th	CUREO r or Rural I	interval Between Onset and Death Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER 1	B. OUE TO D. OUE	(OR AS A CONSECTION OF INJURY AT A CONSECTIO	DUENCE OF COMMENCE	OTHE OTHE A DRY M street, fa	28. PL ER: Plost Home 26. INJ. WOO 1 Up to the control of the cont	ACE OF O	JUM given in BEATH (Ch) Beldence NO	Part I. 2 cck only one) 6 Other (3 28d. OESC! 28f. LOCAT City or 10 the cause time, date ar MBER	4a. WAS AN PERFOR YES 2	AUTOPSIVIMED? INJURY OCCUR Inner es stat d due to th	CUREO Tor Rural I	interval Between Onset and Death Discontinuous and Death Discontinuous and Death Discontinuous and Death Discontinuous and Death Route Number, Ploute Number, Solution Number, Discontinuous and Death Discontinuous

Silia Saindres

90

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	oval.	al examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If item

	1 - STATE REGISTRAR	CER	TIFICA	TE OF		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)		*			2. DATE OF DEATH	- OVER	3. TIME OF DEATH		
1	Audieu L. INES					4 18	90	11 " "m		
25	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last bir		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign		
	220-16-9136 10 H2 XF	63	YRS. MONTH	B DAYS	HOURS MIN.	12/16/26	Ma	ryland		
	9a. FACILITY NAME (If not institution, give street and number)	0 1	9b. C	ITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	DEATH		
DIRECTOR	ANNE ARUNDEL MEDICAL	CENTE	X A	MAP	olis_		Anne A	eundel		
Œ	10a. STATE 10b. COUNTY	-1	Oc. CITY, TOW	N OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
D.	Maryland Anne Arundel		Anı	napo]	is			1 X YES 2 NO		
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
ER	312 North Glen Avenue				21401		U.S	.A.		
The street and number 100. Street and number 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 3 12 North Glen Avenue 21401 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 PNO 11. YES 2 PNO 11. YES 2 PNO 11. YES, appeitly Cuban, Maxican, Puerto Rican, etc.) 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, etc.)										
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:								White		
Elementary/Secondary (0-12) College (1-4 or 5 +)										
APL.	12	Нс	omema.	ker		Hor	1e			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	A. 2-2		
BE (Robert G. Middleton					s Blanche				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. N				Route Number, City or Town				
F	Victor Leon Ives	312	Nor	th G	en Ave			MD 21401		
	20a METHOD OF DISPOSITION 11 Burlai 2 Cremation 3 Removal from State	20b. PLACE OF other place		(Name of cer	netery, crematory or	20c. LO	CATION City or 1	own, Stata		
	4 Dgnetion 5 Other (Specify)	Maryla				etery Ci	rownsvi	lle, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		,	Tavl	DADDRESS OF FA	ral Chape	-1			
	Musical S. They for							is,MD 2140		
	23. PART i. Enter the diseases, or complications that cau	sad tha daeti						Approximata		
	shock, or heert fellure. List only one ceuse o	n eech line.				0	,	Interval Between Onset and Death		
	disesse or condition	me	0	1- 7	RACIO	lest	Lune	12hr		
	resulting in death) s. Due To (OR /	AS A CONSEOU	ENCE OF:	,	- 0		.0			
z	dire	e Se	cul	une	2,0	Cerch	ases	3 mo		
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	AS A CONSEQUE	ENCE OF		0	8		21		
SA	cause. Entar UNDERLYING CAUSE (Disease or injury	ay	O I	en	<u> </u>	Dezna	ione	- sure		
H	that initiated events resulting in death) LAST	AS A CONSEQUE	ENCE OF):	1	144 0 4		. 1	tti I n		
E	leading in death, cast	use	ch	ma	Valuen	lan Coo	gurages	My Tule		
	PART il. Other algnificent conditions contributing to deat	th but not rea	ulting in the	undertyin	g cause given in	Part I. 24s, WAS AN		WEME AUTOPSY FINDINGS		
CAL	Large Rt Ple	ural	25%	lusi	ion -	PERFOR		COMPLETION OF CAUSE		
MED	en Fractable	Pl.	100	· de				OF DEATH?		
Σ										
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C/	neck only one)				
SIC	EXAMINER? HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3		HER:	ne 5 🗆 Residence	8 Other (Specify)				
PHYSICIAN:	27, MANNER OF BEATH 28s. OATE OF INJU	IRY	28b. TIME OF	28c. IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCURED			
	1 Natural 5 Pending (Month, Day, Ye	er)	INJURY		YES 2 NO					
BY	3 Suicide 28e. PLACE OF INJ		e, farm, street,	factory, offi	e	28f. LOCATION (Street	and Number or Rura	l Route Number,		
TED	4 Homicide detarmined building, etc.	(Specify)				City or Town, State,				
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my is	mowledge, dest	h occurred at	the time, dat	and place, and du	to the cause(s) and ma	nner as stated.			
MP	(Check only one) 2 MEDICAL EXAMINER: On the beals of examin							e(a) and manner as stated.		
S	CIONATURE AND TITLE OF CONTINER				29c. LICENSE NU	MDEO	204 DATE SIGNI	ED (Month, Day, Year)		
BE	SIGNATURE AND TITLE OF CERTIFIER	440			カノク		►4-1 ₀			
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM	27) (Type Dyles	1	01/1		1-16			
	Garan M Dich and	Can	An D	124	Freh	, Store	+ Ani	v Apolis, Mo		
	31, DATE FILED Many Day You 32 REGISTEAR'S	SIGNATURA	1.40	101	· UKNE	3 - 171.00	1 01-00	1,50,13,190		
	APK 2 3 1990 gulie Devi	SIGNATURA	7406							
	11817 0 1 4004		-					DHMH-16 Rav 1/89		

. . .

and the second second

DHMH-16 Rev 1/89

203-3146

BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retired to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 inches filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE	OF DEATH		MEAD	3. TIME OF DEATH
			JOSEPH D	ONALD I	SAAC					April 26, 1990			OYEAR	6:10 Am
	4. SOCIAL SECURITY NUMBER	BER	5. BEX	6. AGE (In yrs. I	last birthday)		ER ! YEAR	IF UNDER		7. DATE (OF BIRTH Day, Year)		8. BIRTI	IPLACE (State or Foreign
	212-10-0940		M2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	3/		0		Maryland
	9e. FACILITY NAME (If not in	natitution, give st	reet and number)								9c. COU	NTY OF D	EATH	
DIMECTOR	Cherrywood	Manor	Nursing	Home		Reisterstown Balti					ltim	ore		
3	10e. STATE	10b. COUNTY	,		10c. CI	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
5	Maryland	Balti	more		Catonsville									1 YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE			E	10g. CITIZEN C			IZEN OF	WHAT COUNTRY?	
ומודווטו	801 Winter	s Lane			21228			8	USA			SA.		
	11. MARITAL STATUS								ANIC ORIGIN? (Specify Yee or No. 14. R			14. RAC	E — American Indian,	
	1 Never Married 2 3 Widowed 4 P Div		FORCES? IF YES, GIVE	WAR OR DATES						Total Control (Control Control			Spec	k, White, etc.
- 10	44 DE/	CEDENT'S EDUC	CATION	100 1	16e. DECEDENT'S USUAL OCCUPATION				100	KIND OF BUS	DINEGO/INI	LICTOV	WILLOC	
	(Specify on		(Give kind of the Do NOT (work don	e durina rr	nost of worki	ing	100.	KIND OF BU	SINE 35/INL	JUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	(+)			Cle	nle			Race T	rack		
	17. FATHER'S NAME (First, A	Aiddle, Lest)					OT.	_	HER'S NA		fiddle, Maiden		-	
	W. Gordon Isaac										Robert			
	W. Gordon Isaac					G ADDRE	SS (Street				er, City or Tow		o Code)	7
2	George W. Isaac				34 Ki	ings.	ley :	Rd.	Owin	gs M	ills,	Md.	2111	7
- 1	20a METHOD OF DISPOSIT			20b. PLAC	E OF DISPO							CATION -		
	1.29 Buriel 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe		oval from State	Other	Woodlawn Cemetery				Woo	Woodlawn, Md.				
	21. SIGNATURE OF FUNERA		ENSEE /	1	1	2:	2. NAME	AND ADDRE	ess of FA	CILITY E	ckhard	lt Fu	nera	1 Chapel
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel Owings Mills, Md. 21117 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
CERTIFICATION	shock, of heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
	that initiated events resulting in death) LAST													
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY							24	b. WERE AUTOPSY FINDINGS					
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
	1 YES 2 NO													
5	25. WAS CASE REFERRED EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EVALUATED 26. PLACE OF DEATH (Check only one)												
5	1 TYES 2 NO		HOSPITAL: 1 inpatient 2	☐ ER/Outpetient	3 🗆 DOA	OTH 4 Th		ome 5 🗆 F	Residence	S - Othe	r (Specify)			
PHISICIAIN.	27. MANNER OF DEATH 1 Netural 5	Pending	26e. DATE C (Month,	Dey, Year)	28b. Ti	IME OF NJURY M	V	NJURY AT VORK? YES 2	□ NO	28d. DE	CRIBE HOW	INJURY O	CURED	
COMPLESIED BY	2 Accident 3 Suicide S 4 Homicide	Investigation Could not be determined	2Se. PLACE building	OF INJURY — At g, etc. (Specify)	home, farm	, atreet, f	actory, of	1 YES 2 NO y, office 2SI. LOCATION (Street and Number or Flural Route City or Town, State)			Route Number,			
	COLLOCK OFFIT	TIFYING PHYS	ICIAN: To the best	of my knowledge,	death occu	rred at th	e time, de	ite end plac	e, end du	e to the ca	use(e) and ma	nner ee st	nted.	
5	one) 2 ME	DICAL EXAMINE	R: On the basis of	examination and/	or investige	tion, in m	y opinion	, death occ	ured at the	e time, date	end place, e	nd due to t	the cause	(e) and manner as stated.
2	29b. SIGNATURE AND THE	E OF CERTIFIE	1					29c. LN	CENSE NU	IMBER		29d. DA	1 .	D (Month, Day, Year)
2	30. NAME AND ADDRESS O		O COMPLETED CA	RARIS BIGNATURI	TEM 27) (Ty)	pe, Print)	rst	U-II	(.		Do 1	مد		
	31. DATE FILED (Month, De)		32. REGIETY	RARIS RIGNATURE	E				60		feed			
		27'9	0	Julia Dan	idson-1	Jande	عص							

OHMH-18 Rav 1/89

12			_	NOISINIC	DIVISION OF VITAL RECOR
2	2	出	HOSPITAL	OR ATTENDING	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that
	2	THE	FUNERAL	DIRECTOR: After	TO THE FUNERAL DIRECTOR: After this certificate has been signed t
)	1	Blad	Of nichous	house offer death	with the State Dant of Health

	1 - STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND MICATE OF DEATH	IENTAL HYGIENE REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Lest)	KI	2. DATE OF OEATH MONTH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
	335-01-5978 XM20F 94 YRS.		1100 318951	Poland					
œ	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DEA	ATH 9c. COUN	ITY OF DEATH					
5	RESIDENCE OF DECEDENT	LOCKN'III	2 1/1/10	moowen					
DIRECTOR		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Montgomery Ro 10e. STREET AND NUMBER	ckville	I 10a CITIZ	YES 2 NO					
FUNERAL	10500 Rockville Pike	20852	1100	ited States					
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANI	14. RACE — American Indian, Black, White, etc.						
BY F	3 Widowed 4 Divorced	If yes, specify Cuban, Maxican 1 YES 2 NO Specify:	Specify: White						
ED E	1918-1919 15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	NO 16b, KIND OF BUSINESS/IND						
ETE	Elemantary/Secondary (0-12) College (1-4 or 5+)	· ·	15.000						
COMPLET	5 Wood Mo	del Maker	U.S. Govern	nment					
	17. FATHER'S NAME (First, Middle, Last) Michael Jablonski	100000000000000000000000000000000000000	RE (First, Middle, Maiden Surname)	47 -1 7 - \					
B		Frances ADDRESS (Street and Number or Rural Re		Vailable)					
5	The second secon	O Rockville Pike							
	1 X Buriet 2 Cremation 3 Removal from State Other place)	SITION (Name of cemetery, crematory or	20c. LOCATION —						
	4 Donation 5 Other (Specify) Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Veterans Cemetery		nam, Maryland					
	01100	Beall-Evans 1	Funeral Home, I						
5	23. PART I. Enter the disesses, or complications that caused the death. Do		lis Rd. Bowie N						
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. RENA Foi WRE		is cordisc or respiratory or	Interval Between Onset and Death					
	DUE TO (OR AS A CONSEQUENCE OF):								
6	Sequentially list conditions, If any, leading to immediate D. METASTATIC CENTRO MEMOUS SYSTEM MEDITATION DUE TO (OR AS A CONSEQUENCE OF):								
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) c.								
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
5 1	d.								
OICAL	PART II. Other significant conditions contributing to deeth but not resulting	in the underlying ceuse given in i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDICA			1 _ YES 2 _ NO	OF DEATH?					
2 2			_	10 100 10 100					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che	ock only one)						
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	HER:							
E	1 Natural 5 Pending	JUNY 28c. INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY OCC	CURED					
BY	2 Accident Investigation 3 Suicide S Could not be building, stc. (Specific	street, factory, office	281, LOCATION (Street and Number City or Town, State)	or Rural Route Number,					
TE	4 Homicide detarmined		City or lown, dailey						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occur one)								
TO BE CO!	29h/SIGNATURE OF CERTIFIER	29c. LICENSE NUM B3 06	9 2 29d. DAT	E SIGNED (Month, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE OF A BRIEL SECOND SECO	hade Grove	Rd. Rocki	ille Medso					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Spring Javidson-R	indell							
				OHMH-18 Ray 1/89					

7 P 2 P 1

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manned by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	l
	n	8		Ħ	ı
	t peu	pontd t		peg	l
	B	155 147		not	ı
	E A	8		2	ı
	E	to.		Ħ	l
	ad.	日前		H	l
	ath. P	unera		amime	
	er de	the the	Mal.	i ex	ļ
	urs aft	In by	гешо	edica	l
ì	24 ho	filled	ion, o	the m	l
	within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	rent,	l
	urted	69	nal.	c e	ĺ
	coec	n and	to Dr	ımat	l
	ite be	/sicia	prior	E	l
	ertifica	ng ph	glene	other	
	th c	lendi	Ŧ	0	l
	he dea	the at	Ment	em 23 shows any injury,	l
	that t	d by	and	my i	ŀ
	Jires 1	signe	Health	WS 3	l
	W requ	peen	H 0	3 sho	l
	he a	has	e De	m 2	l
	AN: T	ificati	Stat	r ite	l
	SICU	Cert	中中	d, 0	l
	F	r this	h wit	arke	l
	DING	. Afte	deal	E 3	l
	TEN	JOR.	after	28	l
	OR A	DIREC	JOURS	tem	
	A	PAL	2	#	I
	HOSP	FUNE	within	TANT	
	黑	THE	fled	PORT	
	0	0	0	2	ſ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) QUEENIE MA	AE JOHNSON				2. DATE OF D MONTH APRIL		YEAR	TIME OF DEATH 10:30 P.M	
1	Control of the Contro	SEX 8. AGE (in yrs. ii	YRS. MO	UNDER 1 YEAR			4, 1903	6. BIRTHPLI Country) MARYI		
P.	ST. MARY'S NURSING			LEONAR	R LOCATION OF DE	АТН		T. MAI		
DIRECT	10s. STATE 10b. COUNTY	IARY'S		LYWOOD	ION			- 2	d. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	RT. #3, BOX 138			1	ZIP CODE 20636					
BY	11. MARITAL STATUS 12 1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 T IF YES, GIVE WAR OR DATES	ARMED]NO	If yes, spi	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: WH					
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	DECEDENT'S USU (Give kind of work fe. Do NOT use re HOMEMA	done during mo tired.)	N st of working	16b, KIN	D OF BUSINESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) WILLIAM CHARLES BO	WLES				ME (First, Middle T WOOD)	s, Maiden Surname) BURN			
TO B	19a. INFORMANT'S NAME (Type/Print) ROBERT S. JOHNSON,						ty or Town, State, Zip			
	20s, METHOD OF DISPOSITION 1 12 Buriel 2 Cremation 3 Removal 4 Denation 5 Cither (Specify)		netery, cremetory or		MORGANZ	City or Town,				
4	SOUTH A BO	BRINS	FIELD FUI	NERAL 1						
	IMMEDIATE CAUSE (Fine)	DUE TO (OR AS A CONS	ne.	snter the mo	de of dyling, sucl	h ss cardlec	or respiratory srr	est,	Approximats Interval Between Onset and Desth	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):	netir	e Pula	u ,	dsea	10		
MEDICAL CE	PART II. Other significant conditions of	contributing to death but not	t resulting in t	he underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Morith, Dey, Year)	286. TIME O	F 28c. INJ			BE HOW INJURY OCC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, offic		26f. LOCATIO City or To	N (Street and Number wn, State)	or Rural Rou	te Number,	
COMPLETED		N: To the best of my knowledge, On the besis of examination and/o							nd manner as atated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	B. 700	NJ.		D334	18 A	29d. DATE	E SIGNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH (IT			MADVI AND	20650)			

31. DATE FILED (Month, Day, Year)
APR 2 3 '90

32. REGISTRAR'S SIGNATURE Pandelle

physic	Marie	
ttending	e as th	
8	Sn	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	6
the the	e deta	t on
of pa	d bi	e pe
retain	5 shor	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be	age	90
S ma	tor, p	nst
Page	direc	TI LI
eath.	unera	amlr
after d	the Inval	cal es
SID	in b	edi
24 hc	filled on, o	he m
ithin	emati	mt, t
w pai	al, ci	64
права	and o	matic
9	rician	traur
ificati	phys gree p	her
neo (nding	or of
death	e atte	III)
if the	by th	In /
as the	aith a	B an
equin	en sig	how
M.E.	is be	23 8
The state of	ate h	me
CIAN	artification State	10
HYS	vith t	(ed,
ING P	eath y	mari
END	DR: A	8 18
B.A.	RECTI urs al	m 2
AL O	AL DI	If He
DSPIT	Thin 7	N.
光	田 田 田	DRTA
0.1	日本	IMP

1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAI	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Las					MONTI	OF DEATH		3. TIME OF DEATH	
ANNIE LOUISE 4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		IL 18,	1990	7:45 P.M. BIRTHPLACE (State or Foreign	
214-28-4109 9a. FACILITY NAME (If not institution, give	1 □ M 2 🖾 F 88	Mag	MONTHS DAYS		JUL	Y 12	1901	MD.	
ST. MARY'S NURS			LEONAR						
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	ITY	ATION			10d. INSIDE CITY LIMITS?				
MD ST	MARY'S CO.	Н	OLLYWOO	D.				1 TYES 2 NO	
10e. STREET AND NUMBER				10f. ZIP CODE				OF WHAT COUNTRY?	
P.O. BOX 204	12. WAS DECEDENT EVER IN	N U.Ş. ARMED	13. WAS D	20636 ECENDENT OF HISPA	ANIC ORIGIN? (Specify Yea or No - 14, RACE			. RACE — American Indian.	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			specify Cuban, Maxico ES 2 NO Specifi		Rican, atc.)		Black, White, etc. Specify: WHITE	
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5 +)	16a, DECEDENT'S (Give kind of life, Do NOT u	B USUAL OCCUPA work done during use retired.)	TION most of working	16b	. KIND OF BUS	SINESS/INDUS		
6TH, GRADE	conege (14 or 5 +)	HOU	SEWIFE			НО	ME		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)		
JAMES FERGUSO 190, INFORMANT'B NAME (Type/Print)	N	105 MAILIN	ADDRESS (Stand	ROSEY		ISE	- State 7to Co	ode)	
HOOVER J. JONES				702 HOLL					
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Re	206			cemetery, crematory or	TWOO			or Town, State	
4 Donation 5 Other (Specily)				L GARDENS		LE	ONARDI	YOWN MD	
21. SIGNATURE OF FUNERAL SERVICE	LICENSED LICENSED		MAT	AND ADDRESS OF FA TINGLEY-G BOX 270	ARDII			HOME, P.A.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in deeth) LAST PART 11. Other aignificent condit	b. DUE TO (OR AS A DUE TO (OR AS A d		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
								1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only o	ne)			
1 TYES 2 THO	1 Inpatient 2 ER/Outs	patient 3 DOA	4 Nursing H	ome 5 Assidence			NUDBA Occin	RED	
1 Hatural 5 Pending Investigation	(Month, Day, Nier)	IN IN	M 1	WORK? YES 2 NO	284. DESCRIBE HOW INJURY OCCURED				
3 Suicide 6 Could not 1 4 Homicide determined	building, etc. (Spec	MY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	The state of the s						couse(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERT	TIEN /			29c. LICENSE NU				IGNED (Month, Day, Year)	
	#			1199	17		D 4	120/90	
JAMES BOYD	M.D. LEONA	ARDTOWN,		650			-7		
31. DATE FILED (Mooth, Day, Yogr)	32. REGISTRAR'S SIGN	VATURE 1.0		<u> </u>					

rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR	CERTIFIC	CATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH		
		RFIELD			APRIL	11	1990	8-4 M		
	578-22-5192 ¹□м²∏r	75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De OCT 3		Count	NPLACE (State or Foreign ry) T VIRGINIA		
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE			COUNTY OF			
6	6807 WOODLAND ROAD		MORNINGS	SIDE		P	G.			
DIRECTOR	MD 10b. COUNTY PRINCE GEORGE		TOWN OR LOCATE	ON				10d. INSIDE CITY LIMITS? 1 YES 2 V NO		
FUNERAL	100. STREET AND NUMBER 6807 WOODLAND ROAD			ZIP COOE)746		10g US		WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR	S 2 V NO	If yee, spe	ENDENT OF NISPAN colfy Cuban, Mexican 2 M NO Specify.	n, Puerto Ricer		Blac	14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 0+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAKE)	ork done during mos retired.)	N at of working		HOME				
N N	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NAME (First, Middle, Malden Surname)						
BE C	WILLIAM G. REED		MARTHA I			,				
10 B	19a. INFORMANT'S NAME (Type/Print)	City or Town, Sta	n, Stata, Zip Code) MD 20747							
F	JOANN_CANADA	CANADA 7309 MALDE DISPOSITION 20b. PLACE OF DISPOSITION (Name)					MD 20747			
	1 Ty Buriel 2 Cremetion 3 Themoval from State	PARK	FALLS CHURCH VA							
	1 Ty Burlel 2 Cremetion 3 Removel from State NATIONAL MEMORIAL PARK FALLS CHURCH VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT E. WILHELM FUNERAL HOME									
	Bobert Ep. Wilhe	lm	SUITLA	ND MD 20)746					
1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CAUCING) DUE TO (OR AS A CONSEQUENCE OF CAUCING)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
	PART II. Other significent conditions contributing to deet	Part I. 24	. WAS AN AUTO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
PHYSICIAN: MEDICAL										
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NO 1 Inpatient 2 ER/O			e 0 Residence						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	ir) inju	M 1 1	PIK? YES 2 NO	28d. DESCRI	IBE NOW INJUR	Y OCCURED			
	3 Suicide e Could not be determined 200. PLACE OF INJI building, etc. (S	JRY — At home, farm, s Specify)	treet, factory, offic			ON (Street and N own, State)	umber or Rurel	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my kr one) 2 MEDICAL EXAMINER: On the basis of examination							(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	290	DATE SIGNE	0 (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Whithy 40		CRAIN	Huy	Upr	- More	Sec.	MO 20772		
. 3	31. DATE FILEO (Month, Day, Year) 62. REGISTRAR'S SI APR 16 '90 Julia Saindra						,			

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	九三	stely fills	nt, the	
146,	uted wil	comple rial, cre	c ever	
X 13	be exec	ian and or to bu	aumat	l
80	ificate	physic ene pric	her tr	
P.O.	ath cert	ttending al Hygis	, or o	
S,	the de	y the a	Injury	ı
ORI	es that	igned b	rs any	ı
REC	w requi	been s	show	ı
TAL	The la	ate has	tem 2	ı
FV	SICIAN	certific h the S	d, or 1	
ON	NG PH	fler this eath wit	marke	ı
ISIO	TEND	after d	28 ls	l
) Q	AL OR /	L DIRE	f Item	
	TIGSOF	vithin 7.	ANT	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	O THE I	THE I	MPORT	
1	-	- 0	_	1

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)		147		2. DATE OF DEATH	YEAR	3. TIME OF DEATH		
	John	Robert	Jones	4-9-90 FO	UND	12:35PM M		
4. SOCIAL SECURITY NUMBER 578–54–8328	5. SEX 6. AC		IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year) 8-27-1941	Count	IPLACE (State or Foreign		
9s. FACILITY NAME (If not institution, give	street and number)	19	b. CITY, TOWN OR LOCATION OF	DEATH	c. COUNTY OF E	EATH		
15702 Alhambra	Court		Accokeek	1	Prince (Georges Co.		
ъ.						10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
Maryland Pri	nee ocorges	1 110	101, ZIP CODE		IOg. CITIZEN OF	WHAT COUNTRY?		
15702 Alhambra C			7		USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2/2 NO Sp		No — 14. RAC Blac Spec	E — American Indian, k, Whita, etc. Hy: White		
15. DECEDENT'S ED (Specify only highest grad		16a, DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b, KIND OF BUSIN	ESS/INDUSTRY			
Elementary/Secondary (0-12) 12th	College (1-4 or 5 +)	Me. Do NOT use	_{retired.)} Operator	Cons	structio	on		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden Su	rname)			
Otis D	. Jones			L. Dorothy I	Pickera:	1		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street and Number or Ru	rel Floute Number, City or Town,	State, Zip Code)			
Otis D. Jones		8410	Oxon Hill Rd.	Ft. Wash.	Md. 20	744		
20a, METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT	TION (Name of cametery, crematory	or 20c LOCA	TION — City or T			
1 ABurial 2 Cremation 3 Re-	1 ABurial 2 Cremation 3 Removal from State other place)							
21. SIGNATURE OF FUNERAL SERVICE L	JOHNSE	,)	George P. K		Home	Mary1and		
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):			,			
	d					<u> </u>		
PART II. Other aignificent condition	one contributing to deat	h but not resulting in	the underlying cause given	in Part I. 24s. WAS AN AL PERFORM	ED?	a. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
						XX YES 2 □ NO		
25. WAS CASE REFERREO TO MEDICAL			28. PLACE OF CEATH					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/		OTHER:	(Check only one)				
EXAMINER?	1 Inpatient 2 ER/	Dutpatient 3 DOA 28b. TIME	OTHER: I □ Nursing Home SOResider OF 28c. INJURY AT	(Check only one)	URY OCCURED			
EXAMINER? XIX YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/	Dutpatient 3 DOA RY 28b. TIME ar) INJU	OTHER: 1 In Nursing Home SOResiden OF 28c, INJURY AT WORK?	(Check only one) ce 6 Other (Specify) 28d. DESCRIBE HOW INJ		XX YES 2 □ NO		
EXAMINER? XIX YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 25. Accident Investigation	28a. DATE OF INJU (Month, Day, Ye. FOUND: 4— 28a. PLACE OF INJ	Dutpatient 3 DOA RY 28b. TIME INJU 9-90 12:	OTHER: Nursing Home Passider OF 28c. INJURY AT RY WORK? SMPM 1 YES 2 NO	(Check only one) ce 6 other (Specify) 28d. DESCRIBE HOW INJ Subject inl 281. LOCATION (Street and	haled ca	xx ves 2 □ NO		
EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 XACcident Investigation	28a. DATE OF INJU (Month, Day, Ye. FOUND: 4—	Dutpatient 3 DOA RY 28b. TIME INJU 9-90 12:3 URY — At home, farm, str. Specify)	OTHER: Nursing Home Passider OF 28c. INJURY AT RY WORK? SMPM 1 YES 2 NO	(Check only one) ce 6 Other (Specify) 28d. DESCRIBE HOW INJ Subject inl 28d. LOCATION (Street in City or Town, State)	naled co	Arbon monoxi		
EXAMINER? XIX YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	28a. DATE OF INJU 28a. DATE OF INJU 28a. DATE OF INJU 4 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k	Outpetient 3 DOA RY 28b. TIME INJU 9-90 12:5. URY — At home, farm, stronowiedge, death occurred	OTHER:	(Check only one) ce 6 Other (Specify) 2ed. DESCRIBE HOW INJ Subject inl 2et. LOCATION (Street and City or Town, Stete) 15702 Alhair Georges Could due to the casse(e) and manner	naled constants of Number or Rural Thra Ct Thry, Man	arbon monoxi Route Number, fumes , Accokeek, F		
EXAMINER? XIX YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X X CERTIFIER 1 CERTIFYING PHY ONE)	28a. DATE OF INJU (Month, Dey, to FOUND: 4— 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k NER: On the basia of examin	Outpetient 3 DOA RY 28b. TIME INJU 9-90 12: CURY — At home, farm, st Specify 1 nowledge, death occurred lation and/or investigation	OTHER:	(Check only one) ce 6 Other (Specify) 28d. DE\$CRIBE HOW INJ Subject inl 281. Location (Street and City or Fown, State) 15702 Alhai Georges Could due to the catase(a) and mannot the time, data and place, and	naled combined or Rural mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct. The mbra Ct.	arbon monoxi Route Number, fumes , Accokeek, F		
EXAMINER? XX YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only One) 1 CERTIFIER 1 CERTIFYING PHY	28a. DATE OF INJU 28a. DATE OF INJU 28a. DATE OF INJU (Month, Dey, 16 FOUND: 4— 28a. PLACE OF INJ building, etc. (SICIAN: To the best of my k NER: On the basia of examin	Dutpetient 3 DOA RY 28b. TIME INJU 9-90 12: 12: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13	OTHER:	(Check only one) ce 6 Other (Specify) 2ed. DESCRIBE HOW INJ Subject ini 2et. LOCATION (Street and City or Town, State) 15702 Alhair Georges Could due to the cates(a) and mannot the time, data and place, and NUMBER	naled Communication of Number of Rural Mara Ct May, Man or as stated. due to the couse 29d. DATE SIGNE	arbon monoxing fumes Accokeek, I		

1. 1

notified at once.

	9	90	ě
	E	20	To
	9	act	Ē
	Pag	ē	9
	÷.	62	Ē
	deat	\$	- EX
	Te.	the by	<u>-</u>
	69	P E	Se
	OFFICE	in in	ě
	=	illed n.	
	2	atio	=
	=	em	Ę,
	P	E O	2
	ute	S.E	2
	96	and	lat
	98	ian or to	25
	te	Sic	5
	fica fica	등	ě
	2	ling	6
	-	H H	9
	dea	att	Z.
	8	å Z	를
	at	3 5	2
	S	更重	6
	nire	Sig	3
	8	of of	Sh
	ME	Sp	2
	9	E O	E
	E	ate	ter
	A	Tip at	0
	Sic	9 1	-
)	E	this	9
	9	at te	8
)	ē	A	68
	E	DR H	00
	A	EC	6
	S.	E S	ter
	M	4 C	=
	SPI	E E	5
	호	3	X
	포	出	HO
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page having a pour steer death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANT: if tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last) T. R.M. A	IRMA Mel	issa Jam	ies		2. DATE OF DEATH (MONTH DA	14/20/9 90	DB. TIME OF DEATH 9: 45 P.		
	4. SOCIAL SECURITY NUMBER 219-03-5982	29-03-5982 1 M 2 OF SU YRS. MONTHS DAYS HOURS MIN.						HPLACE (State or Foreign try) Yland		
TOR	2/11	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH DOTChester DOTChester								
DIRECTOR	10a. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS? 1 YES XXXIO		
FUNERAL	100. STREET AND NUMBER 501 Hambrook B	lvd.		101	21613		10g. CITIZEN OF	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPANI octify Cuban, Mexican 2 NO Specify:		or No— 14. RAG Bla Spe	CE — American Indian, ok, White, etc. City: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12)	CATION completed) Cottege (1-4 or 5 +)	16a. OECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	st of working	16b. KIND OF BUS	INESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) Charlie Hughes	5		пенале	16. MOTHER'S NAM	AE (First, Middle, Maiden S anie Slac				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a		oute Number, City or Town				
F	Peggy H. Jame					Cambrid				
	1 Department of Disposition 1 Department of Disposition 1 Donation	oval from Stata	other place) Ward Spe	·			SOn M			
	21. SIGNATURE OF FUNERAL SERVICE LIC		wara bpo	22. NAME AN	ID ADDRESS OF FAC	Thomas	Funera	1 Home Md. 21613		
shock, or heart fellure. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Squamous Cell Ca of Lung oue to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					of Lung	126	23 Mo			
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition Collaps of Lo	e contributing to deeth i	_	CM 87	A	Pert I. 24a. WAS AN PERFOR 1 TYES 2	MEO?	Ib. WERE AUTOPSY FINDINGS AMMLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	ock only one)				
İS	1 TYES 2 THO	1 Pinpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 Residence		UHIPV OCCUPED			
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJUR	Y WO	PRK7 YES 2 NO	26d. DEŞCRIBE HOW II	NJOHY OCCURED			
	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	/ — At home, farm, stre cify)	et, factory, offic	•	261. LOCATION (Street a City or Town, State)	nd Number or Rum	I Route Number,		
COMPLETED	CONSCI OTHY	CIAN: To the best of my known R: On the basia of axamination						e(a) and manner as stated.		
10 BE	AND TITLE OF CERTIFIEF	1/>	L. Fiery		29c. LICENSE NUN	1773	≥ 4/5	O (Month, Day, Ybar)		
1	31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE	m)503	BYK	N 57	CAM	BRIXE	- WD2163		
	APR 25'9	0 girlia	Davidson-Man	TABLE						

į		2	
1			֡
1	ļ		
1	֡	2	
-	ļ	į	
Į			
i		1	
-			
-			
-			
ļ			
ì			

Pages 1, 2,

permit

FOR STATE REGISTRAR

10a. STATE

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218-86-0049

RESIDENCE OF DECEDENT

P.O. Box 77

31. DATE FILED (Month, Dey, Year)
APR 25 '90

Maryland

10e. STREET AND NUMBER

THEODORE

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

JOHNSON

6. AGE (In yrs. lest birthday)

67

Hurlock

101. ZIP CODE

10c. CITY, TOWN OR LOCATION

Hurlock

5. SEX

Residence on Thompsontown Rd.

Dorchester

1 M 2 | F

. usit	E	P.O. Box 77				21643	
kurs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit removal. removal.	BY FUNER	11. MARITAL STATUS Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 SENO	If yes, sp	CENDENT OF HISPAN secify Cuban, Maxica 3 2 NO Specify	n, Puerto
aftend use as	9	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATI done during me	ON ost of working	16b
spital or	COMPLET	Elementary/Secondary (0-12) NONE	College (1-4 or 5+)	Disab			
retained by the hospital or ath 5 should be detached for use notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Leet) Lloyd Monro	e Johnson	n		18. MOTHER'S NA Henri	
be retained je 5 should a notified	10	190. INFORMANT'S NAME (Type/Print) Marian Johnso	n			7, Hurl	
teath. Page 6 may be funeral director, page xaminer must be i		20a. METHOD OF DISPOSITION **Duriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Reids Gr		metery, cremetory or emetery	
h. Pag eral dir niner		21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADDRESS OF FA	CILITY]
rs after death. P by the funeral removal.		Muhaif J.	Eskow		Fram	ptom-Ha	wkir
squires that the death certificate be executed with filled in signed by the attending physician and completely filled of Health and Mental Hyglene prior to bunal, cremation, on the any Injury, or other traumatic event, the mows any Injury, or other traumatic event, the moves any Injury, or other traumatic event, the moves any Injury, or other traumatic event, the moves any Injury, or other traumatic event, the moves are secured to the contraction of the contraction	MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	b. OUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF):	he underlylr	ig csuse given in	Part I.
TTENDING PHYSICIAN: The law re TOR: After this certificate has bee after death with the State Dept. o 28 is marked, or item 23 si	BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?, 1	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME 0 INJUR 7 — At home, farm, stre	THER: Nursing Hore F 28c. IN Y W 1		6 Other
THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If Item 28 is ma	BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS	iCIAN: To the best of my know	riedge, daeth occurred a	it the time, det	a and place, and dua death occured at the 29c. LICENSE NUI	to the ce
2 6 9 ₹	0	- 7	Ex.	dume	_	232	10.

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

90 12942

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 01-12-90 AM 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 06-10-22 Maryland 96. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Dorchester 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21643 U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: Black . KIND OF BUSINESS/INDUSTRY N/A Middle, Maiden Surname) Davis Johnson ber, City or Town, State, Zip Code) Maryland 21643 20c. LOCATION - City or Town, State Vienna, Maryland Federalsburg, MD ns Funeral Home diac or respiretory arrest, **Approximats** Interval Between **Onaat and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 YES 2 NO 1 | YES 2 | NO er (Specify) SCRIBE HOW INJURY OCCURED CATION (Street and Number or Rural Route Number, or Town, State) use(a) and manner as stated. a and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 200 Maryland ave. 2161

as the bunal-transit permit. Pages 1, 2, 3 should iding physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be field within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at BALTIMORE, MARYI DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF	HEALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Joshua	Tevon			Jones	монти да 4 12		
			rs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	6. BI	RTHPLACE (State or Foreign
	n/a	X_XM 2 □ F	YRS.	MONTHS DAYS		(Month, Day, Year)		ountry)
	9a. FACILITY NAME (If not institution, give street	and number)			OR LOCATION OF DE	1 / 1 7 / 1 9 EATH	9c. COUNTY C	laryland DE DEATH
BT FUNERAL DIRECTOR	Physician's Memori	al Hospital		La Pl	ata	_	Char:	les
	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	ATION	10d. INSIDE CITY		
=	Maryland Char	100	In	dian :	Hoad			LIMITS?
	Maryland Char.	168	1 111		101, ZIP COOE		10g. CITIZEN C	DF WNAT COUNTRY?
2	Post Office Box	745		i	20640			USA
Ž		2. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS C		NIC ORIGIN? (Specify Yes	or No — 14. F	NACE — American Indian, Black, White, etc.
	1XXNever Married 2 Merried	FORCES? 1 YES			specify Cuben, Mexica ES 2 V NO Specif			Black, White, etc.
- 1	3 Wildowed 4 Divorced			'''	K			lack
9	15. DECEDENT'S EDUCATE (Specify only highest grade con	ION 16	Sa. DECEDENT'S U	USUAL OCCUPA ork done during	TION	16b. KIND OF BU		
<u>.</u>		College (1-4 or 5+)	life. Do NOT use	retired.)	Those or working			
	n/a		n/a			_		
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
N N	Steven Jones				Donna	Thompso	n	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow)
-	Donna Thompson		Post	Offic	Box 74	5. India	n Head	MD 20640
	20s. METHOD OF DISPOSITION 112 Burlal 2 Cremetton 3 Removal	I from State	LACE OF DISPOSI	ITION (Name of	cemetery, crematory or	20c. LC	CATION — City of	or Town, State
	4 Donation 5 □ Other (Specify)	S			urch Ce		ldorf,	Mary1and
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		/	AND ADDRESS OF FA		D 4	
	* martel	I add	med/			ral Home	•	
	23. PART I. Enter the diseases, or com							Approximate
-1	shock, or heart fallure. Lis	t only one cause on each	h lina.					Interval Between Onset and Death
- 1	iMMEDIATE CAUSE (Final disease or condition	Sudden Infa	ant Doat	th Same	drome			1
	resulting in death) a	DUE TO (OR AS A C			ITOME			
,								
2	Sequentially ilst conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF):				
HILLAHON	cause. Enter UNDERLYING							
	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):				
	resulting in death) LAST							
נו נו	PART ii. Other algnificant conditions of	contributing to death but	not resulting is	n the underly	ing cause given in	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
3	<u> </u>			Transfer arradity	ang caace grown in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI						TX YES	2 🗆 NO	OF DEATH?
						—		1X YES 2 □ NO
PHISICIAN	AC MAN CARE DEFENDED TO MEDICAL			021	DI 405 05 05 05 05			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH (C			
2	21	Inpetient 2 XER/Outpeti			ome 5 Residence	THE RESERVE OF THE PARTY OF THE	MI BIRW 6665	
	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY	INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURE	
2	2 Accident Investigation	00 - DI 405 05 IV IVOV	10.000		YES 2 NO			
2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify	At nome, tarm, s	ereet, rectory, o	mca	28t. LOCATION (Street City or Town, State		urai Houte Number,
COMPLEIED								
7	CONSUM UNITY	N: To the best of my knowled						
	2 MEDICAL EXAMINER:	On the basis of examination a	ind/or investigatio	n, in my opinio	s, death occured at the	time, data and place, a	nd due to the car	use(s) and manner se stated.
	296. SUGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
2	MIL	XOU	>		OCME		4-1	3-90
-	30, NAME AND ADDRESS OF PERSON WHO O			Print)		61 -		
	Mario F. Golle, M	.DAssistan	t		111 Penn	St., Balt	ımore,	MD 21201
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	_	_			
	APR 26'90							

DHMH-16 Rev 1/89

3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

90 MAGGIE EVA 0455 IONES 04 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Mar. 20, 1906 BERLIN, MD. DAYS HOURS MIN. 1 M 2 X F 84 218-24-5878 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Wicomico Salisbury, MD Poningula Ceneral Hospital 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? X BERLIN MD. WORCESTER FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21811 209 MAPLE AVE. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY BLACK ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) HOUSEWORK COMPL DOMESTIC 7th 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Msiden Surname) LULA JONES UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADDRESS SAME AS ABOVE EMMA FRANKLIN METHOD OF DISPOSITION
Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State BERLIN, MD. FVFRGREEN Donation 5 - Other (Specify) _ 21. SIGNATURE OF EUNERAL SERVICE LICENSE 22. NAME CHAPEL, RTE. 2, BOX 920, SALISBURY, MD. 21801 23. PART i. Enterthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, abock, or heart feliure. Liet only one ceuse on each line. **Approximate** Onset end Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 5hock CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate sepsis cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST erene-We PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINOINGS MEDICAL AVAILABLE PRIOR TO Cardiac ahypmas Sevene COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: EXAMPLER? OTHER: Inpatient 2 ER/Outpatient 3 DOA ng Nome 5 - Residence 5 - Other (Specify) 27. MANNER OF DEATH 20s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 5 Could not be 4 Homicide determined 29a, CERTIFIER CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BE 4/17/90 2 A-SAGGAR RIVERSIde Drive 32, REGISTRAD'S SIGNATURE 31. DATE FILED (Month, Day, Year) APR 20 '90

27.32.33

permit. Pages 1, 2, 3 should

21203-3146

spital

after death. Page 6 may

executed within

certificate be

the death

WE

The second

the State

THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL DIRECTOR: After this certifical filed within 72 hours after death with the Stz

BOX 13146,

P.O.

OF VITAL RECORDS,

DIVISION

Item ŏ marked, .00 28 Hem 200

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARGARET E. JONES 4 9 90 10:36 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign Country) 6. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 1/31/06 MONTHS DAYS HOURS MIN. 84 212-12-3373 1 M 2 X F YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Salisbury Nursing Home Salisbury, Md. Wicomico DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Somerset Crisfield, MD 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Box 456 -Charlotte Avenue 21817 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Grade 4 Processor Seafood 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James H. Sterling BE Kate Burke 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary J. Slatcher 807 Spring Avenue - Salisbury, MD 21801 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20s. METHOD OF DISPOSITION

1 State | Common | State | Common | State | Common | State | Common | State | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Common | Commo Sunnyridge Memorial Park Crisfield, MD FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, MD 21817 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. **Approximate** Interval Between Onset end Deeth IMMEDIATE CAUSE (Finel Respiratory anes disease or condition_ Immeliat resulting in death) H AS A CONSEQUENCE OF: CERTIFICATION Sequentially ilst conditions, SA CONSEQUENCE OF: if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL 1 TYES 2 THO 1 | Inpetient 2 | ER/Outpatient 3 | DOA Vursing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Naturat

Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be 4 Homicide determined E 1 M CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 295. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Sparemi D36708 4-10-90 an 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Speake, M.D. _ Mt. Vernon Rd. - Princess Anne, MD 32. REGISTRAP'S SIGNATURE
Julia Davidson-Rindell APR 1 6 90

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OIAIL OI II	ÇE			F DEATH	P	EG. NO.			
1. DECEOENT'S NAME (First	, Middle, Last)						2. DATE OF	DEATH	, VEAR	3. TIME OF D	EATH
ARTHUR PHI	LIP JON	NES					MAY	DEATH	, 1990°	2:38	Рм
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 YEA		7. DATE OF I	BIRTH	B. BIR	TTHPLACE (State o	r Foreign
219038640	×	M 2 D F	69	YRS.	NONTHS DAY	A HOURS MIN.	08-08-	-1920	ND	aret y)	
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)			9b. CITY, TOV	YN OR LOCATION OF DI	EATH		9c. COUNTY OF	FOEATH	
SACRED HEAD		ITAL			CUMBER	RLAND, MAR	YLAND		ALLEC	GANY	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				10d. INSIDE C	YTE
MD	Allega	anv		Cum	nberla	nd				1 TYES X	NO NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZEN O	F WHAT COUNTRY	rr
Route 2 Box		12, WAS DECEOEN			1	21502			USA		
1 Never Married XX 3 Widowed 4 Dive	Married		YES 2 N		If yes	DECENOENT OF HISPAI s, specify Cuban, Maxica YES NO Specif	n, Puarto Rica		Bi	ACE — American I leck, White, etc. pecify: White	ndan,
	EDENT'S EDUCA		(Gi	ive kind of wo	SUAL OCCUP	PATION g most of working	16b. KII	ND OF BUS	INESS/INDUSTRY	1	
Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	pump	speci	alist	Tex	tile			
17. FATHER'S NAME (First, N	fiddle, Last)			* *		18. MOTHER'S NA			Surname)	•	
Thomas B. 3	Jones					Anna Mae	e Mill∈	er			
19a. INFORMANT'S NAME (eet and Number or Rural					
Mrs. Audrey						796 Cumber	Tana,	v			
20s METHOD OF DISPOSITION AND STREET AND STR		rel from State	ROCKY	Gap V	Vetera	of cometery, crematory or ans Cemete:	ry		tstone,		
21. SIGNATURE OF FUNERA	AL SERVICE LICE	NSEE			22. NAM	E AND ADDRESS OF FA	CILITY				
> Con	res :	7 dc	ansil	1/-	Scar	pelli Fun erland, M	eral H D 2150	ome 2			
23. PART I. Enter the d					ot antar tha	mode of dying, aud	ch as cardiac	or respli	ratory arrest,	Approx	
		ist only one cau	se on each line	_							Between and Death
IMMEDIATE CAUSE (FI	nai	Kenkin	· Kan	4:1						1000	
reaulting in death)	а.	DUE TO	OR AS A CONTE	QUENCE OF)	-	0./	1 1				
		Oat co	ll 04	100	were	a of to	e lu	up			1
Sequentially list condition if any, leading to imme		DUE TO	(OR AS A CONSE	DUENCE OF));	Y					
cause, Enter UNDERLY CAUSE (Disease or Inju	ING										
that initiated events		DUE TO	(OR AS A CONSE	DUENCE OF):						
resulting in death) LAS	ST d.										
PART_ii. Other significa	ant conditions	contributing to	death but not r	esulting in	the under	lying cause given in	Part I 24	a. WAS AN	AUTOPSY	24b. WERE AUTOPS	Y FINDINGS
Direcció	unter		usus		(4	- 1	Luc Br	PERFOR	MED?	AVAILABLE PR	OT ROI
Avet	2 8			10-4		70		YES 2	NO	OF DEATH?	
of hou	45 /07	acin					_			1 TYES 2	□ NO
Cache	cec.										
25. WAS CASE REFERRED TEXAMINER?		HOSPITAL:			OTHER:	6. PLACE OF DEATH (C	heck only one)				
1 TYES 2 NO		1 Xinpetiant 2 D			- Y	Home 5 - Residence	_				
1 Natural 5	Pending Investigation	(Month, E		28b. TIME INJU	JRY	WORK?	280. DESCH	IBE NOW II	NJURY OCCURED	,	
2 Accident 3 Suicide 6 4 Homicide	Could not be	28a. PLACE (building,	OF INJURY — At he atc. (Specify)	ome, farm, st	treet, factory,	offica		ON (Street a Town, State)	and Number or Rui	rel Route Number,	
non CERTIFIED											
(Check only	-1					data and place, and du on, death occured at th				se(a) and manner	an stated.
29b. SIGNATURE AND TITL	E-OF CENTIFIER	/1/	>-			29c. LICENSE NU	IMBER		29d. DATE SIGN	NED Month, 9my,	bar)
30. NAME AND ADDRESS O	DE DEBECH WAY	COMPLETE	RE OF OFFICE	J Wan ar	Defeat	D13601	<u>.</u>		1 -2	11/9	<u> </u>
V R.	F E	= 4/1	PA ME			BISHOP L	Valsh	DI	R, Cu	mB.	MO
31. DATE FILRD (Month Day	(Year)	32. REGISTR	AR'S SIGNATURE								- 1.2
MIMI VOIS	JJU A	AL ALIENT TOURS	- Hodensor	<u> </u>				. <u>.</u>			

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

v

OHMH-18 Rev 1/89

in by the funeral c

filled in by

and completely fille burial, cremation,

ŏ

BALTIMORE, MARYLAND

	N	- 0
6,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	 DIRECTOR: After this certificate has been signed by the attending physician and completely fit hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd cor bunial,
	8	2 2
×	2	d icia
ğ	ficate	phys
o.	cert	ding
ο.	Seath	atten mtal +
Ś	e e	至至
9	at t	a de
	#5	De to
$\ddot{\circ}$	nire	Sign Fee
Щ	Ped	5
-	WE	ept.
7	2	e D
Ë	-	Start
>	CIA	ertif
H	S	S
0	풊	6 3
N	DING	After
S	EN	DR: fter
Š	A	EC
5	OR	DO
		1 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH Dora Juergens M. April 28, 1990 0822 М A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 V F 220-03-1265 82 1907 Aug. 21, Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Hospital of Cecil County Elkton Cecil RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Elkton 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 100 Laurel Drive 21921 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ETED 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 11 once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Julia Pryor George Juergens Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 2 Carneys Point, NJ 08069 265 Cedarcrest Manor Mrs. Emma Golt e 20s. METHOD OF DISPOSITION May 2, 1991
1 M Burial 2 Cremation 3 Hamoval from Sta
4 Donation 5 Other (Specify) 1990 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, Stata must Immaculate Conception Cemetery Elkton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Funerals, P.A. Bow and Stockton Streets Elkton, MD 21921 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition MYOLARDIAL INFARCTION event, 1 resulting in death) OUE TO (OR AS A CONSEQUENCE OF): 8 8 ps/5 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene net If eny, leeding to immediate cause. Enter UNDERLYING bilatual common iline ++ non bosis CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF OEATH? shows 2 1 YES 2 NO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item OTHER:
4 ☐ Nursing Home 6 ☐ Residence 6 ☐ Other (Specify) HOSPITAL: 1 YES 2 NO 1 🗌 Inputient 2 🗆 ER/Outpatient 3 🗆 DOA ò 27. MANNER OF CEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 4 Homicide 28 determined item 29a. CERTIFIER (Check only one) TO THE FUNERAL OF THE FUNERAL DE FILED WITHIN 72 M FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 4128180 032395 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thomas E Finucan 721 Bridge Street Elkton, MD 21921

31. DATE FILEO (Month, Day, Year)

MAY

'90

32. REGISTRAR'S SIGNATURE

Gulia Davidson Bandall

DHMH-16 Rev 1/89

funeral director, page 5 should be detached for use as the burial transformation

	용	#
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
	60	6 5
	100	Po
٦	14	원 년 건
	E	ation a
	1	rem
	g	E .
	5	d e
	exe	P 0
	2	lan or o
)	te	Pric
1	fica	등
	BL	ing Seign
	45	H
•	ea	音
)	96	Ne the
	100	20
	₽	3 5
	res	ign
ĺ	콩	E 75
	×	F 5
	8	Deg
	Ĕ	ate ate
	ż	St
•	CE	the
	\$	is (
-	6	E X
	ING	Afte
	EN	B.
2	Ē	B #
	O.	IRE Urs
1	0	20
	A	M K
	SS	E E
	¥	E 3
	置	THE BEE
	2	2 2
a co		

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEP/ Certi	RTMEN				REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH,	AAV	YEAR	3. TIME OF DEATN
- 1		YRN	VONES					4.1	8- 9	70	10.10 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda 74 YRS	MONTHS	DAYS	HOURS	00001	7. DATE OF BIRTN (Month, Day, Year)	1015	Country	PLACE (State or Foreign
	577-01-3621 9e. FACILITY NAME (If not institution, give	74			Y, TOWN O	R LOCATIO			_	I ALEX	andria VA
0	So mayla		HOSPITAL	100.011			UTOI				-County
6	RESIDENCE OF DECEMENT						0, -,				
REC	MD P.G.	Y		er Ma							10d. INSIDE CITY LIMITS? 1 Tyes 2 X No
-	100. STREET AND NUMBER		орг	Jet Me		ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
FUNERAL	3900 Granville P	lace			2	20772 USA					
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 X NO	13.				C ORIGIN? (Specify Yo, Puerto Rican, atc.)	s or No—	14. RACE Black	American Indian, White, atc.
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA			1 TYES					Specif	
	15. DECEDENT'S EDU		16a. DECEDEN	T'S USUAL C	CCUPATIO	N		166, KIND OF BI	JSINESS/IN	DUSTRY	***************************************
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	life Do NO	of work done I use retired.)	during mos	t of workin	g				
MPL	12	-51	adminis	strate	or			wholes			ration
	17. FATHER'S NAME (First, Middle, Last) Wilburn H. Jones							E (First, Middle, Meide			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	S (Street or			Schwarzm		(ip Code)	
2	Mary J. Houlihan		1,000,000,000					Upper Mar			20772
	20e METNOD OF DISPOSITION 1 \(\overline{\Omega} \) Burial 2 \(\overline{\Omega} \) Cremation 3 \(\overline{\Omega} \) Ren	novel from State	20b. PLACE OF DIS	POSITION (N	lame of cam	elery crem				- City or To	
	4 Donation 5 Other (Specify)		Cedar H						itlan		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Š.	R C	bert	E.	Wilh	elm Funer	al Ho	ome	
	Welane 9	agones			iitla						
	23. PART I. Entar the diseases, or shock, or heart failure.	complications that List only one caus	caused tha death. Dise on each line.	o not ente	r the mod	de of dyl	ng, such	as cardiac or res	piratory s	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	ANOX	or as a consequence	CEI	14 1	AC		ATHY	4	EST	Onset and Death
	resulting in death)	DUE TO	OR AS A CONSEQUENCE	OF):		AL	01	AC P	, -, -	(-)	
z		. ACV	TE M	4001	MRE	PIA	C	INFAR	CTI	16 W	
CERTIFICATION	Sequentially list conditions, If sny, leading to immediata cause, Entar UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OD.							
5	CAUSE (Disesse or Injury that initiated events	OHE TO	OR AS A COMPECUENCE	. 00.							
E	resulting in death) LAST	· ARTGR.	10 SC UN 6	TIC	CAN	110	VAS	CULAM	PISE	ASF	
	PART II. Other significant condition	ins contributing to	death but not resulting	ag In the u	nderlylno	Calles (alven in i	Part I. 24s. WAS A	N ALITOPSI	/ 24h	WERE AUTOPSY FINDINGS
CAL	Premie	-	oddii but not resolui	ig in the d	/	Cause 1	givon in i		ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	Cardy	e v	shother	415	1	al	rice		2 []		OF OEATH?
2	1	upulla	tion					7			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAL:		ОТНЕ		ACE OF O	EATH (Che	ck only one)			
YS	1 TES 2 NO	1 🗖 Inpatient 2 🗆	ER/Outpatient 3 DO	A 4 D No	arsing Home		sidence	B ☐ Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF (Month, De		TIME OF INJURY M		URY AT RK? YES 2	¬ NO	28d. DESCRIBE HOW	INJURY O	CCUREO	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	F INJURY — At home, far	m, street, fa			-	261. LOCATION (Street		er or Rural F	Route Number,
田	4 Homicide 6 Could not be determined	building,	etc. (Specify)					City or Town, Star	ta)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of	my knowledge, death oc	curred at the	time, date	end place	, end due	to the cause(e) and m	anner as si	tated.	
NO.	000)	IER: On the basic of ex	amination end/or investig	ation, in my	opinion, d	eath occur	red at the	time, date end place,	and due to	the cause(s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFI	9	MO			29c. LICI	ENSE NUM	BER G	29d. D/	ATE SIGNED	(Month, Day, Year)
TO B	your &	- 100				DA	> /	8 / (MD)	4-1	1-70
-	30. NAME AND ADDRESS OF PERSON W				PA.		0 1D	F- LE	E,	MD	
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	, , , ,		7	W	4.173			
	ADD 25 '90 S	Julia Davidson	fandele.								

- 6

Dermit.

detached for

4	8		育
eg.	ping		Pe
etai	S		흥
2	30		9
nay	E.		0
9	ctor		Ē
30e	dire		-
4	era		듵
deal	full full		exa
ffer	the /	Oval	60
Si	P P	E E	ğ
200	8	9	E
24	y fill	tion	the state
this.	letel	EW6	a,
3	d H	2	eve eve
cute	9	uria	tic
2	n an	9	Ē
e De	sicla	no.	tra
heat	Phy	9	9
Serti	Bug	ygie	to
E.	tend	る	0
de	e al	Jent	E)
#	y th	Pu	=
tha	Pa	타	any
ires	sign	leal	8
requ	Uae Be	0	sho
ME	d Si	ept.	23
De	e h	te D	E
N.	ficat	Sta	=
CEA	certi	#	0
FFS.	his (É	3
6 9	er t	ath	han
NO.	: Ath	ge.	8
E	TOR	after	500
RAI	REC	SIN	E
07	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by 3	ERA	A 72	12
HOS H	FUN	With	MA
포	HE	Pa v	OFF
10	0	10 m	MP
-		-	-

2

31. DATE FILED (Morth, Day, Year) APR 25 90

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATN 04-21-90 Elizabeth Ann Johnson 7:25 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. 2-3-53 MONTHS DAYS HOURS MIN. 219-60-6826 1 M 2 YF VDC 37 Philadelphia 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF OFATN SC COUNTY OF OFATH 15524 Plaid Drive DIRECTOR Laurel Prince George RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10e, STATE Haryland Prince George Laurel 1 💢 YES 2 🗌 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 15524 Plaid Drive 20707 USA 12. WAS DECEDENT EVER IN U.S. ARMEO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, stc. ORCES? 1 YES 2 YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g ry/Secondary (0-12) College (1-4 or 5+) Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Henry DeWaele Ellen Mary Reynolds BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Allen Johnson 15524 Plaid Drive Laurel Maryland 20707 20a. METNOO OF DISPOSITION
1 Burlel 2 A Cremation 3 8 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) BH Crematory 20c. LOCATION - City or Town, Stata Laurel, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, INc. 7601 Sandy Spring Road Laurel Maryland 20707 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) **OUE TO (OR AS A CONSEQUENCE OF)** PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER: : ing Nome 5 Residence 6 □ Other (Specify) 1 YES 2 ND 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nurs 27, MANNER OF DEATN 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) AND JUST DESCRIPTIONS 29C LICENSE NUMBER BE

> PLETIED CAUSE OF DEATH (ITEM 27) (Type, Print OMPT

32. REGISTRAR'S SIGNATURE Davidson-Randale my Lane Laure

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
er,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
re funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospi
מארוושטוב, שארוראום	DIVISION OF VITAL RECORDS, F.C. BOX 13149,

1. DECEDENT'S NAME (First, Middle, Lest)			ERTIF						OF OEATH			3. TIME OF OEATH
MARGARET	S.	10	MINICON	7				MONT		DAY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. in	HNSON st birthday)	IF UNDER 1	YEAR	IF UNDER 2	4 HRS.	7. DATE	OF BIRTH	5- 19	990 8. BIRT	HPLACE (State or Foreign
197-26-6370	1 M 2 XF	97	YRS.	MONTHS	DAYS	HOURS	MIN.		i, Day, Year)	1892	DE N	NSYLVANIA
9a. FACILITY NAME (If not institution, give a	treet and number)	, ,,		9b. CITY,	TOWN O	R LOCATION	N OF OE		229		NTY OF	
19 DEVONSHIRE DI	RIVE				SAL	ISBUR	Y				WIC	OMICO
10e. STATE 10b. COUNTY	1		10c. CITY	y, TOWN OF	A LOCAT	ION						19d. INSIDE CITY LIMITS?
MARYLAND WIT	COMICO		S	SALIS	BURY	Y						1 X YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
19 DEVONSHIRE	ORIVE					218	801				US	A
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A	AMED						17 (Specify Y	e or No-	14. BAC	CE — American Indian, ck, White, atc.
1 Never Married 2 Merried		MAR OR DATES	NO			city Cuben, 2 XNO			Rican, atc.)	1864		ok, white, arc.
3 Widowed 4 XDivorced				1						- 1		WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	- (0	ECEDENT'S Sive kind of v	vork done di				16b	. KIND OF B	USINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) - life	a. Do NOT us	se retired.)								
12 YEARS	NO		HOUSE	WIFE					HC	ME		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NA	ME (First,	Middle, Maide	n Sumame)		
AUGUSTUS		SLOY	ER			LIL	LIE				WIL	SON
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number o	or Rural I	Route Num	ber, City or To	wn, State, Zi	p Code)	
R.P. 11 JACK 11 JOHN	SON, JR,	1	9 DEV	ONSH	IRE	DR,	SAL	ISBUI	RY, ME	218	301	
20a. METHOO OF DISPOSITION 4/2	28/90	20b. PLACE	OF DISPOS	BITION (Nan	ne of cen	netery, crema	itory or		20c. L	OCATION -	City or 1	Town, State
Donation Other (Specify)	1011	DURHAM	CHUR	RCH C	EME	CERY			DUF	RHAM,	PA	
21. BIGMATURE OF FUNERAL SERVICE IN	EN9ÉE/	//	0	22,1	AVEAN	Q ADDRES	S.OF.FA	CILITY	HOME,	DA		
» [1. [c]	1/1 1/		/									
	121 111	1 0 -	/ 1								, ,,,	0.1001
1/0/0	Mall	er	$\sqrt{1}$	5	01 5	SNOW I	HILI	L RD	SALI	SBURY	-	D 21801
23. PART. Enter the diseases, or abook, or heart failure.	complications the	anne ne needs the	L1	50 not enter	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
23. PART Enter the discesses, or shock, or heart fellure. IMMEDIATE CAUSE (Final	complications the List only one ca	anne ne needs the	L1	50 not enter	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications the	anne ne needs the	L1	50 not enter	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart failure. IMMEDIATE CAUSE (Final	complications the List only one can but to b	anne ne needs the	L1	50 not enter	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	a. Due To	anne ne needs the	L1	50 not enter	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions,	a. Due to	anne ne needs the	SQUENCE OF	50 not enter i	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due to	ngest on each ling of the seconds of the seconds of the seconds of the seconds of the seconds of the seconds of the seconds of the second of t	SQUENCE OF	50 not enter i	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a. DUE TO	ngest on each ling of the seconds of the seconds of the seconds of the seconds of the seconds of the seconds of the seconds of the second of t	SQUENCE OF	F):	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO	O (OR AS A CONSE	SQUENCE OF	F):	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO	O (OR AS A CONSE	SQUENCE OF	F):	O1 S	SNOW I	HILI	RD ,	SALI	SBURY	reat,	Approximata
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONSE	EQUENCE OF	50 not enter in	on some	ENOW I do of dyln	HILI	RD,	SALI Le Le Le Le Le Le Le Le Le Le Le Le Le	SBURY plratory are	reat,	Approximata Interval Betwee Oaset and Dea Mossific Cel Mos
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	EQUENCE OF	50 not enter in	on some	ENOW I do of dyln	HILI	RD,	SALI L L L L L L L L L L L L	SBURY Politatory are A MAJTOPSY DRMED?	reat,	Approximate Interval Betwee Oriset and Dea Washington Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	EQUENCE OF	50 not enter in	on some	ENOW I do of dyln	HILI	RD,	SALI Le Le Le Le Le Le Le Le Le Le Le Le Le	SBURY Politatory are A MAJTOPSY DRMED?	reat,	Approximate Interval Betwee Onset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	EQUENCE OF	50 not enter in	on some	ENOW I do of dyln	HILI	RD,	SALI L L L L L L L L L L L L	SBURY Politatory are A MAJTOPSY DRMED?	reat,	Approximate Interval Between Orset and Dea Workship Co. C. C. C. C. C. C. C. C. C. C. C. C. C.
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant condition	DUE TO	O (OR AS A CONSE	EQUENCE OF	50 not enter in	01 S the mod	SNOW I de of dyln	HILI	RD, the account of the second	SALI L L L L L L L L L L L L	SBURY Politatory are A MAJTOPSY DRMED?	reat,	Approximate Interval Betwee Onset and Dea Months of the Community of the C
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition The condition of the condit	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A CONSE	SQUENCE OF	F): F): OTHER	01 Sea	SNOW I de of dyln de of dyln de of dyln de of dyln de of dyln de of de o	HILLI	Part I.	SALI Control Contro	SBURY Politatory are A surropsy ORMED?	reat,	Approximate Interval Betwee Onset and Dea Months of the Community of the C
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant condition The condition of the condit	DUE TO DUE TO	O (OR AS A CONSE	SQUENCE OF	F): F): OTHER 4 \(\text{Nurse} \)	01 Sea	GNOW I de of dyln ACE OF DE	HILLI	Part I.	SALI Control Contro	N AUTOPSY PRIMEO?	Toat,	Approximate Interval Betwee Onset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea Masset and Dea
Abock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant condition The condition of the condit	a. DUE TO DUE	O (OR AS A CONSE	SQUENCE OF	F): OTHER 4 ONUMER OF MURE OF	01 Security of the mood of the	GNOW I de of dyln ACE OF DE SXRas URY AT RICKY	HILLI Igg, successful grant gr	Part I.	SALI Control Contro	N AUTOPSY PRIMEO?	Toat,	Approximate interval Between paset and Des Proximate and Des Proxi
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant condition The condition of the condit	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO	O (OR AS A CONSE	SQUENCE OF COURNES OF	F): OTHER 4 Nurse of Juney M	01 Security of the moon of the	GNOW I de of dyln ACE OF DE S Res URY AT RICY FES 2	HILLI Igg, successful grant gr	Part I.	SALI Control Contro	N AUTOPSY PRIMEO?	Toat,	Approximate interval Between paset and Des Proximate and Des Proxi
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO DUE TO	O (OR AS A CONSE	SQUENCE OF COURNES OF	F): OTHER 4 Nurse of Juney M	01 Security of the moon of the	GNOW I de of dyln ACE OF DE S Res URY AT RICY FES 2	HILLI Igg, successful grant gr	Part I.	SALI According to the second of the second	IN AUTOPSY DRIMED? 2 N NO VINJURY OC VINJURY OF	24	Approximate interval Between paset and Des Proximate and Des Proxi
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition TAMBER OF OPERAT II. YES 2 NO 27. MANNER OF OEATH Natural 5 Pending investigation	DUE TO DUE TO	O (OR AS A CONSE O (OR AS A C	SQUENCE OF COURNES OF	F): OTHER 4 Nurse of Juney M	01 Security of the moon of the	GNOW I de of dyln ACE OF DE S Res URY AT RICY FES 2	HILLI Igg, successful grant gr	Part I.	SALI Reference of the second	IN AUTOPSY DRIMED? 2 N NO VINJURY OC VINJURY OF	24	Approximate Interval Betwee Paset and Dea Pa
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Panding Investigation 3 Suicide 6 Could not be determined	DUE TO DUE TO	O (OR AS A CONSE O (OR AS A C	COUENCE OF COUNCE OF COUENCE OF COUNCE OF CO	F): F): OTHER 4 Number of Fluery M astroet, factor	O1 S the moore of	GNOW I	HILLI Ing, successful for the su	Part I. 28d. DE 261. LOG	SALI Radio or real L Radio Service	IN AUTOPSY PRIMEO? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	24 CCURED N or Rura	Approximate Interval Betwee Priset and Dea Priset a
Abock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DU	O (OR AS A CONSE O (OR AS A C	SQUENCE OF COURNES OF THE SQUENCE OF COURNES	F): F): OTHER 4 Nurse of Hunry M	O1 S the moore of	GNOW I de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of	HILLI Ing, success Viven In VATH (Ch	Part I. 28d. De control on to the car	SALI And SALI	N AUTOPSY PRIMEO? 2 NO TINJURY OCH and Number se statement se statem	24 CCURED or or Rura	Approximate Interval Between priset and Des Priset
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilted eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DU	O (OR AS A CONSE O (OR AS A C	SQUENCE OF COURNES OF THE SQUENCE OF COURNES	F): F): OTHER 4 Nurse of Hunry M	O1 S the moore of	GNOW I de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of	HILLI Ing, success Viven In VATH (Ch	Part I. 28d. De control on to the car	SALI And SALI	N AUTOPSY PRIMEO? 2 NO TINJURY OCH and Number se statement se statem	24 CCURED or or Rura	Approximate Interval Betwee Priset and Dea Priset a
Abock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO C. DUE TO DU	O (OR AS A CONSE O (OR AS A C	SQUENCE OF COURNES OF THE SQUENCE OF COURNES	F): F): OTHER 4 Nurse of Hunry M	O1 S the moore of	GNOW I de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of	HILLI Ing, successful grant of the successful grant of	Part I. Part I. 28d. DE 1 to the ca	SALI And SALI	IN AUTOPSY DRINGER OF THE PROPERTY OF THE PROP	24 CCURED or or Rura	Approximate Interval Betwee Priset and Dea Priset a
Anock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition PART II. Other aignificant condition 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO	O (OR AS A CONSE O (OR	SQUENCE OF COURNER OF THE SQUENCE OF	F): F): OTHER 4 Nursite OF JURY M street, factor on, in my o	O1 S the moore of	GNOW I de of dyln which was a cause gli accepted by the cause gli acce	HILLI Ing, successful grant of the successful grant of	Part I. Part I. 28d. DE 1 to the ca	SALI And SALI	IN AUTOPSY DRINGER OF THE PROPERTY OF THE PROP	24 CCURED or or Rura	Approximate Interval Betwee priset and Des Priset a
Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilted eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO B. DUE TO B. DUE TO C. DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO	O (OR AS A CONSE O (OR	SQUENCE OF COURNER OF THE SQUENCE OF	F): F): OTHER 4 Nursite OF JURY M street, factor on, in my o	01 S Latha moiotain S Latha Moiota Moiota S Latha Moiota Moiota S Latha Moiota M	GNOW I de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of dyln de of de of de of dyln de of dyln de of de	HILLI III III III III III III III III II	Part I. 28d. De Chy to the ca time, dete	SALI And SALI	IN AUTOPSY DRINGED? 2 NO TINJURY OCCUPANT AND AUTOPSY DRINGED? 2 NO TINJURY OCCUPANT AND AUTOPSY DRINGED?	24 CCURED or or Rura	Approximate Interval Betwee Priset and Des Priset a

5	лээх	and	unq o	natic
DIVISION OF VITAL RECORDS, P.O. BOX 131	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic
Ö	rtificat	d phy	jene 1	ther
0	80	ndin	E S	70
0	eath	atte	utal	7
Š	the d	the	Me	를
2	that	ed by	h an	any
Ö	res	ign	eath	22
Ĭ,	regui	een s	of H	shov
	AMP.	as b	Sept.	23
M	The	ate h	ate	E
5	AN	iffici	S	=
IL	SICI	Cer	=	.,
ō	PHY	this	with	rkec
Z	SING	After	teath	ma
3	END	B.	ter (30
3	A	5	Saf	1 21
5	8	DIR	hour	Item
-	M	M	2	=
1	4OSP	UNE	Jithin	ANT
)	불	THE F	lled w	ORT
1	2	0	De f	Ē

	Ba		
	mit.		
	per		
	1Sit		
	tra.		
-	irial		
	20		
	#		
	33		
	Sn		
1	1 10		
1	chec		eś
	teta		300
-	Pe		H
1	무		9
	sho		5
	3		5
-	page		å
	tor,		ust
	irec		E
	p je		ne
	une		am
	he h	100	ex
	9	MON.	Cal
	2.	N Te	ned
١	Bed	n. 0	-
į	ely	natio	5
	plet	per	ent
	100	10	8
	B	P	भू
3	an a	2	5
	Sici	prio	5
-	F	aue	her
5	ding	10g	10
-	iffen	tal	0 '
3	94	Men	5
	9	2	-
2	pe	1	an
3	Sign	Hea	3
-	een	o	sho
1	as b	ept	23
2	e h	te D	E
	fical	Sta	1 16
200	Serti	the	0
1	his c	with	Ked
2	er th	ath 1	nan
1	200	45	
1	4	0	99
Transfer III control and address of the control of	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pay	after d	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												90	1295
	FOR STATE REGISTRAR	STATE OF M	IARYLAND /		RTMENT					YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA			3. TIME OF DEATH
	Charles Ed	ward	JOHNS	SON				- 1	April			YEAR	11:32 P.M
	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR IF	UNDER 24	HRS.	7. DATE OF B	HTH			LACE (State or Foreign
1	232-46-9262	1X M 2 F	57	YRS.	MONTHS	DAYS HO	DURS I	MIN.	Sept.	6.	932	Amne	erst, Va.
	9a. FACILITY NAME (If not institution, give str	11111111111111			Oh CITY T	TOWN OR L	OCATION	OF DEAT	<u> </u>		9c. COUNT		
OR	DOCTOR'S HOSPITA					nam,		OF DEAL			141	G.	in.
DIRECTOR	10a, STATE 10b. COUNTY			t0c. CIT	ry, town or	LOCATION	1					1	lod, INSIDE CITY
8	Maryland Pri	nce Geor	ges	Sea	brook	(1	Y LIMITS?
4	10e. STREET AND NUMBER		<u> </u>			10f, ZIF	P CODE				10g. CITIZ		IAT COUNTRY?
FUNERAL	6415 - 97th Ave	nue				20	706					S.A.	
5	11, MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. ARI	MED					ORIGIN? (Sp		or No-	4. RACE -	- American Indian, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES	O	1 (yes, specify YES 2	NO NO	Maxican, Specify:	Puarto Rican	, etc.)		Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DEC	CEDENT'S	USUAL OCC	CUPATION	f undden		16b. KINI	OF BUS	SINESS/INDU	STRY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5 +	ille.	Do NOT u	work done du ise retired.)	iring most or	working						
릴	7th		Tr	uck	Drive	er				Non	ne		
ON	17. FATHER'S NAME (First, Middle, Last)					18	, MOTHER	R'S NAME	E (First, Middle	, Malden	Sumame)		
	Bernard Johnson						Anni	e Jo	hnson				
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	G ADDRESS ((Street and I	Number or	Rural Ro	ute Number, C	ity or Tow	n, State, Zip (Code)	
5	Doris E. Johnso	n							abroo				;
	200 METHOD OF DISPOSITION				SITION (Nam			_	1		CATION — C		
	1 Burial 2 Cremation 3 Remo	wal from State	other pie	ice)	Memori			., .			ndover		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	- Trairing	ily i		AME AND A		OF FACI	LITY			-	
	· Joe Tu	iner	844						Jam N.W.,		E. Var		
	23. PART I. Enter the diseases, or o	omplications the	t ceueed the de	ath. Do									Approximate
	ahock, or heert feilure. I	.ist only one csu	ise on each line.	,									Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	CA	M M 10 11	n E	C-0.	. ~			MA 40	265			Onset and Death
	reaulting in death)	OUF TO	OR AS A CONSEC	DIENCE C	Show	471011	2		hiou	100	1		
_		16	(OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSEC	M +	. ,.	R	441	1.5	100	111			the
ERTIFICATION	Sequentially list conditions,	OUE TO	(OR AS A CONSEC	DUENCE C	OF):	104	20	L'N'	Crb	w (C	/		202
AT	If any, leading to immediate cause. Enter UNDERLYING		0	m	KIN	DMA			not	. \	44 474		
임	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSEC	DUENCE C	OF):	- II-T	1		1 1-1		VP	7	+
E	resulting in death) LAST			NV	na	~	WA	24	28-82	Z.			
S					1.0		- 0 1	, 0 0	9.15				
AL	PART II. Other algnificent condition	n contributing to			In the und	terlying co	auee gly	ren in P	art I. 24a	PERFO	AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	Buleus.	soughes	Le C	BU	grown	180m	Syd		_ 10	YES 2	1		COMPLETION OF CAUSE OF DEATH?
MEDICAL	nure	MYS . I	NO 1	0~	M (G.	1287	2					1 YES 2 NO
	2000	7	MBER			1	-11-		-				
A	25. WAS CASE REFERRED TO MEDICAL	2 0	0000			26. PLACI	E OF DEA	TH (Chec	k only one)				
PHYSICIAN:	EXAMINERO	HOSPITAL:	E Shummian 2	□ 004	OTHER					9.1			
4	27. MANNER OF DEATH	26a. DATE OF		28b. Til		26c. INJURY		- Y	Other (Sp 28d, DESCRIE		N ILIBA OCC	IDED	
	1 Distural 6 Pending	(Month, D	ley, Ybar)	IN	JURY	WORK	2 🗆 1		zou, ocoonii	JE HOW	MOON! OCC	SHED	
BY	2 Accident Investigation	250 91 405 6	F INJURY — At ho	tem					004 1 004710	N. (Da			
8	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	me, ierm,	street, factor	гу, отнев			26f. LOCATIO City or To	wn, State,		ar Hurili Ho	ute Number,
E		1											
급		CIAN: To the beat of	my knowledge, de	ath occur	red at the tin	ne, data end	d placa, a	nd due to	o the cause(s) and ma	nner aa state	d.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the besia of e	xamination and/or i	Investigati	lon, in my op	pinion, deati	h occured	d at the ti	ime, data and	place, ar	nd due to the	cause(a)	and menner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER	ı				26	9c. LICEN	SE NUME	BER		29d. DATE	SIGNED (Month, Day, Year)
00	Mary	, mos	ATT	5V 1	noco		0	26	197		•	4	W.A.
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (7yp	e, Print)		-9		- ,	_	1.	1,	
	020	412M - 8	,		NO	V	THE	W Brow		~~	-	201	(An
	004	13 10 1. 1	S - IVP	,			,		, ,	1.41			-6

DHMH-16 Rev 1/89

Dear) 32. REGISTRAR'S SIGNATURE

Tavidron-Rando De

31. DATE FILEQ (Month, Day, Year) 25 '90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		FOR	
1	_	STATE	
•		REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AILO	F DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las)				2. DATE OF DEATH		3. TIME OF DEATH
BERNARD	ROBERT	KUDERSK	Т		APRIL 14	1990	7:28pm M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	F UNDER 24 HRS.	7 DATE OF BIETH	6.	BIRTHPLACE (State or Foreign
165 20 8888	1 □ M 2 □ F 6	2 YRS.	DAYS DAYS		(Month, Day, Year) 5-27-1927	P	Country) Cennsylvania
9e. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWI	N OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
AMI DOCTOR'S	HOSPITAL OF F	G. CO.	LAI	NHAM-SEABE	ROOK	PR	INCE GEORGE'S C
10a, STATE 10b. COUN	TY	10c. CITY, T	OWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Maryland Prin	ce Georges	Bowi	ie				total yes 2 □ NO
10e. STREET AND NUMBER	59 = m			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
7022 Highbridge	Road			20720		Unite	d States
11. MARITAL STATUS	12. WAS DECEDENT EVER				NIC ORIGIN? (Specify Yea	or No- 14.	. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES, GIVE WAR OR D	ATES W II		specify Cuban, Maxica ES 2 NO Specif			Specify: White
15. DECEDENT'S EI (Specify only highest gra	DUCATION de completed)	18a. DECEDENT'S US (Give kind of work	k done durina	TION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	Callege (1-4 or 5+)	Inspect	•		Wash Si	uhurha	n Sanitation
17, FATHER'S NAME (First, Middle, Last)		Inspect	.01	10 MOTHER'S NA	ME (First, Middle, Maiden		
	-1-4			1127	=	Surname)	Commission
Benjamin Kuder	27.7	19h MAII INC 44	ODESO (S)		Kofchak Route Number, City or Town	n Chain 7in O	orfe)
The state of the s							
Phyllis A. Kude		b. PLACE OF DISPOSITI			Bowie Ma		or Town, State
1 25 Buriel 2 Cremetion 3 Re	mount from Canto	other place) ate Of Hea					
4 Donation 5 Other (Specify)		ate of Hea		AND ADDRESS OF FA		ver Sp	oring Md.
Robert C. Euro	0		Bea	11-Evans	Funeral Ho	-	
23. PART I. Enter the diseases, o	-			-			t. Approximata
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute DUE TO (OR AS D. Liet only one cause on a	4	90(Q	lmon o	ery Ar	rest	Interval Between Onset and Dasth Hour Days
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART ii. Other significant conditi	ons contributing to desth	but not resulting in	the underly	ring ceuse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
					1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	neck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	oma 8 🗆 Rasidenca	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUP	RED
2 Accident investigatio 3 Suicide 8 Could not to 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, ferm, stre			28f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
one)	SICIAN: To the best of my known NER: On the basis of examination						
296. BIGNATURE AND TITLE OF CERTIF	(. Kobe	1	40	29c. LICENSE NUI	MBER 205	29d. DATE S	IGNEO (Month, Day, Year)
	BINSON, M	.D. 49.		TTERY	LN. BETH	HES DA	MD. 20814
APR 2 3 90	Julia Davidson-1	Pandell					



DIVISION OF VITAL REC	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requi	certificate has been s
DIVISION O	. DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this certificate has been
	TO THE HOSPITAL	TO THE FUNERAL
(13)	1	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENTAL	HYGIENI REG. NO.	E	9 0	16300
	1. DECEDENT'S NAME (First, Middle, Lest)	R.N	ellie Ro	dkey	-	reth			2. DATE (OF DEATH DA	7	YEAR 3.	TIME OF DEATH 4.45 P. M
	4. SOCIAL SECURITY NUMBER 217-30-0966	5. SEX 1 M 2 X F	6. AGE (In yrs. les	yrs.		DAYS	IF UNDER HOURS	MIN.	May	Dey, Year) 9, 19	09 1	Maryla	
TOR	99. FACILITY NAME (If not institution, give so Washington Adven RESIDENCE OF DECEDENT		oital		Take			N OF DEA	ATH			ty of DEAT	
FUNERAL DIRECTOR	10e, STATE 10b. COUNTY	e George	's		w Ca								d. INSIDE CITY LIMITS? YES 2 \(\text{\sqrt{1}}\) NO
VERAL	6015 Westbrook Dr					, , , ,	ZIP CODE 2078				US	Α	T COUNTRY?
```	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	H H	yes, spec	city Cuba	n, Mexican	n, Puerto R	? (Specify Yea Ican, atc.)	or No-	14. RACE — Black, W Specify: Wh	American Indian, /hite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12)		(G Me	ECEDENT'S Bive kind of Do NOT u		CUPATION uring most	N t of workin	פר	16b.	U.S.			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Charles William Ro	dkey			-					liddle, Meiden			
TO B	19a. INFORMANT'S NAME (Type/Print) Eileen Allan						d Number	or Rural R	Route Numb	er, City or Town			
	20a METHOD OF DISPOSITION A Paurial 2 Commation 3 Ram 4 Donation 5 Dother (Specify)	oval from State	20b. PLACE other p	OF DISPO	SITION (Nen	ne of ceme	etery, cren			20c, ŁO	CATION —	City or Town,	sum Maryland
	21. SIGNATURE OF POMERAL SERVICE LIC	12 1	Sun		²² .	<b>XXX</b>	CIS	SS OF FAC GAS	CH'S	SON	s FU	NERA	L HOME 20781
	23. PART I. Inter the diseases, or on the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	complications the List only one car	it caused the de use on each line	eath. Do	not antar	the mod	ia of dy	ing, such	h as card				Approximate Interval Between Onset and Death
	diseas or condition resulting in death)		OR AS A CONSE	OWNER CO	MONY IF):	4	172	Yes	+				
NOIL	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE C	PF):						1 1		 
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury thet initieted events reaulting in death) LAST		OR AS A CONSE	HZ.	ery Fi:	d	we	lah	e	( [	(1-	·	
L CEF	PART II. Other significent condition		death but not	reaulting	In the un	derlying	cause	given in	Part i.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICA	Rona	2 Faile	resi	dua	ls				_	PERFOR		CO	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
≥	-c·v. -Alho	imer 3	dues	ne									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO	NOSPITAL:	☐ ER/Outpatient :	3 □ DOA	OTHER 4 Num	1:			6 Othe				
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	INJURY	28b. Til		28c. INJU WOF	JRY AT		_	CRIBE HOW I	NJURY OCC	CURED	
ETED B	3 Suicide 6 Could not be determined	28e. PLACE ( building	OF INJURY — At he atc. (Specify)	ome, farm,	street, facto	ory, offica			28f. LOC. City	ATION (Street or Town, State)	and Number	or Rural Rou	te Number,
COMPLE	onei only	ICIAN: To the best of					4.1.						nd menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	T8	MBER 40	3	29d. DATI	SIGNED (M	lonth, Day, Year)
ΙĔΙ	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	FM 27) /Two	e Print)							116.4	

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VAID M.D 3311 Taledo Terrace tyalt3 ville Md. 2078.



30. NAME AND ADDRESS OF VIVE K.
31." DATE FILED (Month, Day, 4PR 23 90

Page 6 may be retained by the hospital or attending physician.

permit. Pages 1, 2, 3 shou

use as the burial-transit

jo

page 5 should be detached

director, i

	leath.	funer		-
ì	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	filed within 72 hours after beath with the State Dept. Of Hearth and Mental hygietic prior to burial, cremation, of removal.	encommence as the condition that the second and terms and the conditions are able to the second and account
	NIS I	E.	9	Shoo
	92	lled !	5	-
	n 2	A	allo	4
5	With	piete	CIEL	9000
	nted	00	e,	
2	xect	and	0	I den et
5	Pe	cian	5	
	cate	IIVS!	5	40
	ertifi	d Bu	die	Age.
	th c	pua	È	
6	dea	e att	S TE	-
2	the	Jy th	2	Test.
	tha	pe	E E	-
5	Jires	sign	Hear	-
Ī	9	Deer !	0	40
DIVISION OF THE PROPERTY, 1.0. DOX 1013,	ME	las t	Sept Ped Pd	0
2	J.	ate !	are	-
	IAN	Tific	e o	1
_	YSIC	S Cel	5	7
)	F	=	×	-
5	DING	Afte	deal	1
5	EN	B.	mer	1 44
	RAT	REC	NIS S	
5	10	0	2 20	47.0
	PITA	ERA	7 1	-
	HÖS	E.	E E	-
	出	뿓	Died Fied	200

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Julia Savidson-Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (Figst, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Josephine Josephine Kirkhen 11:38 A M 4-18-90 Kirkham DATE OF BIRTH (Month, Day, Year) 08-6-19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 181-12-0813 70 1 M 2 AF Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Laurel Beltsville Hospital Laurel Prince George RESIDENCE OF DECEDENT 10b. COUNTY IOC. CITY, TOWN OR LOCATION Prince George Maryland 1 YES 2 NO Laurel FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 715 Main Street 20707 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. H yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married 2 NO Specify: White BY 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl П Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 3 12 Bank Manager Bank 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Gregory Quinn Josephine Coll be notified at 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tox.n., State, Zip Code) 4625 5th Ave. Apt. #102 Pittsburg, PA Jane Kirkham 15213 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State must BW Crematory Laurel, Maryland ner 21. SIGNATURE OF FUNERAL MAIN 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Rd. Laurel, Md alal 20707 23. PART J. Enter the diseases, or complications the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fallure. List only one **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ resulting in death) O (OR AS A CONSEQUENCE OF): DUE tract CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 10 Card PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: ent 2 - ER/Outpetient 3 - DOA me 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 6 Pending 1 YES 2 NO ВУ 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL ition and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 13916 2 IESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri 5 KHEN 20

1658 1

The second second second second

was time

Miles to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec

Erstell Acres

TO SEA STORE IN COMMON A MINERAL WAY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE

ì	À	8	ğ
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The !aw requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by #	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be fled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at
	be n	ge 5	e no
į	тау	K. pa	st b
	9 9	recto	E
	Z.	Tal di	Iner
	death	fune	эхаш
ĺ	after	y the	cal
	Sur	in b	nedi
	24 70	filled ion, c	hen
	ithin	emat	II, t
	M pa	al. cr	eve
	aecut	and c	atic
	De B	or to	Mne.
	cate	physic e pri	er tr
	ertif	ing p	the state of
	ath	ttend tal H	10
î	e de	Werl	P
	hat th	and by	my I
	res t	igne	50
į	requi	een s	show
	AMP.	Dept.	23
	The	ate h	tem
	CIAN	the S	0
5	HVS	this c	ked,
	NG F	fter teath	шаг
2	END	DR: A	8 5
	ATT N	RECTI	m 2
5	1 08	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the ibe fled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	ie ie
	PITA	IERA in 72	
	HOS	FUN WITH	TAN
	王	THE	Po
	2	2 3	X

	FOR 1 . STATE	STATE OF	MARYLAND / D				MENTAL HYO	HENE	50	12933	
_	REGISTRAR		CEF	RTIFI	CATE OF	DEATH		. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		\		V.		2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	Code along 1	IF UNDER 1 YEAR	- THINDED AT 1990	7. DATE OF BIRT	30	90	PLACE (State or Foreign	
	213-22-0068	1 € M 2 □ F	6. AGE (III yrs. lisst b		MONTHS DAYS	44 C			Country		
R	9. FACILITY NAME (If not institution, give street and number) P.O. Box 6, Md. Rt. 2				Sunder	or Location of DE	EATH		county of Di Calve		
5	RESIDENCE OF DECEDENT										
DIRECTOR	Md Cal	vert			ry, town on Location  anderland				10d. INSIDE CITY LIMITS? 1 YES 2 XX NO		
FUNERAL	10e. STREET AND NUMBER	77	2		1	of. ZIP CODE		10g.		VHAT COUNTRY?	
핗	P.O. Box 6, M					20689			USA		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	FORCES?	T EVER IN U.S. ARME I YES 2 NO NATOR DATES	D	If yes, s	cendent of Hispan pecify Cuban, Maxica S 2 NO Specify	n, Puarto Rican, e			E — American Indien, c, White, etc.	
160	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of w	USUAL OCCUPAT rork done during n e retired.)	ION lost of working	16b. KIND (	F BUSINESS	S/INDUSTRY		
	7th grade	-		arm	er			900			
툩	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, I	faiden Surnan	ne)		
BE	Arthur King					Marie	chase				
0	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				20110	
-	Julia R. Wesle	y				Rt. 2,					
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from Stata	other place	)		emetery, cremetory od/ neltenha				wn, State 20623	
	21. SIGNATURE OF FUNERAL SERVICE LI	phony K	2011		RAP	AND ADORESS OF FA	CILITY				
	- Leroy	7, F	en	4	Isla	and Rd.	N Hur	ting	town,	Md.20639	
	23. PART I. Enter the diseases, or shock, or heart fallure.  IMMEDIATE CAUSE (Final disease or condition			n. Day	ot entar tha m	oda of dying, suc	h ea cerdlec or	respiratory	y srrest,	Approximate interval Between Onset and Death	
NC	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  A CONSEQUENCE OF):  Sequentially list conditions,  DUE TO OR AS A CONSEQUENCE OF):										
CERTIFICATION	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	C	O (OR AS A CONSEQU								
ERTIF	that initiated events resulting in death) LAST	d	OR AS A CONSEQU	ENCE OF	-):						
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to	deeth but not res	uiting i	n the underlyl	ng ceuse given in	Part i. 24a. V	AS AN AUTO ERFORMED? YES 2	PSY 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL	1			26.	PLACE OF DEATH (Ch	neck oaly one)				
딩 딩	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐	DOA	OTHER:	me 5 🗆 Residence		ħr)			
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. OATE O		26b. TIMI	E OF 26c. II	JURY AT /ORK?	28d. DESCRIBE		Y OCCUREO		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE building	OF INJURY — At home	e, form, a			261. LOCATION City or Town		imber or Rural I	Route Number,	
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMINI	_								s) and menner as stated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	n.	2.			DOSS	MBER	29d	DATE SIGNED	30 (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	USE OF DEATH (ITEM	27) (Type,	Print)	2010	/.	12. 1	2	178	

32 REGISTEAN'S SIGNATURE Julia Daydon Kandall

- A B • • •

• • • • • •

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H				002 89 205
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ITN	3. TIME OF DEATN
	AUGUST PAUL K	AUFFMAN				APRIL	25. 1990	AR 10.204 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H 8. E	BIRTHPLACE (State or Foreign
	214 14 3865	tyTyM 2 □ F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, W		Country)
	9a. FACILITY NAME (If not institution, give str	eet end number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	RYLAND OF DEATH
H.	VA MEDICAL CENTE	R	1	FORT HO	WARD, M	ADVI AND	DATE	2/07=
DIRECTOR	RESIDENCE OF DECEDENT					ARILAND	BALTI	MORE
뿐	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		IMORE	REIST	FRSTOWN				1 TYES 2 NO
3A!	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	236 WALGROVE ROAL				1136		U.S.A	
5	11. MARITAL STATUS  1 X Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED			NIC ORIGIN? (Spec		RACE — American Indian, Black, White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	NTES	1 TYES	NO Speci	lly:		Specify:
	15. DECEDENT'S EDUC	WWI	18a. DECEDENT'S U	ISUAL OCCUPATION	ON.	16P KIND (	OF BUSINESS/INDUST	WHITE
ETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during mo	est of working	Too. Kind (	7 5031112331112031	NV
2	11	College (I-4 of 5+)	SECURIT	Y GUAI	מכ	G	overnment	
語	17. FATHER'S NAME (First, Middle, Last)			GUAL	1	AME (First, Middle, N		
腫	HENRY KAUFFMAN				2.50	ANN.	A BRAITS	СН
PRINTS	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural		or Town, State, Zip Coo	
0	Edna D. Bryant		236 Wa	algrove	Rd., Re:	istersto	wn, Md. 2	1136
	200. METHOD OF DISPOSITION	20b	PLACE OF DISPOSI	TION (Name of ce	metery, cremetory or	2	Oc. LOCATION — City	or Town, State
	1 🗵 Buriel 2 🗆 Cremetion 3 🗆 Remo	val from State	other place) Maryl	and Vet	cerans Ce	em.	Owings Mi	lls, Md.
	21, SIGNATURE OF FUNERAL SERVICE LICE	ENSUE 11	1	22. NAME A	NO ADDRESS OF F	ACILITY Eckh	ardt Fune	ral Chapel
	+ R. Larry 1	althre	d6)			Owin	gs Mills,	Md. 21117
	23. PART I. Enter the diseases, or co	omplications that chuses	the death. Do no	ot enter the mo	da of dyling, su	ch as cardlec or	respiratory arrest,	
	shock, qr/heart failure. t	list only one batise on a	ach line.					Interval Between Onset and Death
	disease or condition	. SEPSIS						7.011.20.32.40.20.20.20
	resorting in centri)		CONSEQUENCE OF	:				
z		CHRONIC_RE	SPIRATOR	Y FAILU	RE			
E I	Sequentially list conditions, If any, leading to immediate		CONSEQUENCE OF					
<u>5</u>	CAUSE (Disease or injury	INANITION,			IC HEART	DISEASE		
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	•				
CERTIFICATION		•						
AL C	PART II. Other aignificent conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
							ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						—   '''	125 42 HO	OF DEATH?
						_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C	heck only one)		
300	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:		8 Other (Speci	f.at	
Ĕ	27. MANNER OF DEATN	28a. DATE OF INJURY	28b, TIME	OF 28c. IN.	JURY AT		HOW INJURY OCCUR	ED
	1XXNatural 5 Pending	(Month, Day, Year)	INJU		YES 2 NO		Accountages a mass	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, st			28f, LOCATION (	Street and Number or F	Rural Route Number.
	4 Homicide 6 Could not be	building, etc. (Spec	elfy)			City or Town		
<b>"</b>	29a: CERTIFIER 17 CERTIFYING PHYSIK	CIAN: To the best of my know	ladas daeth assume	4 -4 -4 -4 -4 -4				
COMPLETED	anal and							tuse(e) end manner ee atsted.
	29b. SIGNATURE AND TUYLE OF MENTIFIER							
BE	La All	-			29c. LICENSE NU	MBER		RIL 25, 1990
2	JO. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time	Print)			AFI	MIL 43, 1990
	C.V.J. VERGHESE,		EDICAL CE		ORT HOWA	RD. MARY	LAND 210	)52
		32. REGISTRAR'S SIGN				,		
	APR 26 90		son-Randall					
لــــا		Janu Duly	COL-Noulann	-				

58-53

completely filled in by the funeral rial, cremation, or removal.

and com

nding physician

of Health and Mental

certificate has be in the State Dept.

this c.

After t

prior to l

0

mit. Pages 1, 2, 3 should

	1
o,	antehim
RECORDS, P.O. BOX 13146	an incommon short should be deadliness be accounted within
Š	to he
C.	andifina
7	dand
2	o she
C	on the
REC	and other stars
AL	The las
5	PIAMI
2	DALME
DIVISION OF VITAL	HOCOUTAL ON ATTENDING DUNCHOLAND. The
5	90
	LION DITTE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 4/25/90 MONTH 25 9 1. DECEDENT'S NAME (First, Middle, Last) Kendall Gray YEAR Kendal GTAY 5:30 A 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 212-38-2629 MONTHS DAYS HOURS 1 M 2 May 20, 1916 Pennsylvania Se. FACHITY NAME (if not institution, the street and number Sb. CITY, TOWN OR LOCATION OF DEATH Falleton Harford General Fallston DIRECTOR HOSP RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE Harford 10d. INSIDE CITY Bel Air Harford Bel ANY 1 1 YES 2 | NO FUNERAL 225, Wakely Terrace 10e. STREET AND NUMBER 101. ZIP CODE 21014 10g. CITIZEN OF WHAT COUNTRY? errace 21014 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 TONO
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 37 Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Teacher Public School COM 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) Martin Laban Hattie Lowe Gray BE 190. INFORMANT'S NAME (Type/Printing) 36-6925 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. John M. Kendall 3909 Enrick Lane, Jarrettsville, Maryland 21084 Pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Greenmount Crematory Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSOph W. 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street Bel Air, Maryland 21014 examiner Foster Englivelle medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final # disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): adeno carcinoma traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in death) LAST PART it. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem! HOSPITAL: OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO BY 2 Accident Investigation TO THE HOSPINAL CHARGE TO THE FUNERAL DIRECTOR: After the Filed within 72 hours after de-28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER BE 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DOVGLAS 400 LENIS 57 SOMERNIHE 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) 26 Julia Devidson-Randolle

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 4

	- STATE REGISTRAR CI	ERTIF	CATE O	F DEAT	TH "	RE:	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Howard F. Keith					2 DATE OF DE	_	NY.	90 YEAR	3. TIME OF DEAT		
							_		_	11:30	Рм	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y7s. Inc.) 5. SEX 76	YRS.	MONTHS DAY		MIN.	7. DATE OF BIF (Month, Day, 4-29-	191	4	S. BIRTH Countr	PLACE (State or Fo	oreign	
	9a. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOW	N OR LOCATION	ON OF DE				UNTY OF D			
DIRECTOR	2907 Tracey Store Road		Park	on				Baltimore				
EC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY		
	Md. Baltimore	P	arkto	1				1 VES 2			NO	
AL	10e, STREET AND NUMBER	*		101. ZIP CODI	E			10g. Cl	TIZEN OF Y	WHAT COUNTRY?		
띰	2907 Tracey Store Road			211	20				USA			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EYER IN U.S.A.P. FORCES? 1 YES 2	'VED	13. WAS I	ECENDENT C	F HISPAN	IC ORIGIN? (Spe n, Puerto Rican,	etc.)	or No-	14. RACE Black	E — American Indi k, White, etc.	an,	
BY FUNERAL	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES D	しいひ	1 🗆 1	ES 2 NO	Specify				Speci	"White	4	
	15, DECEDENT'S EDUCATION 16a, DE	ECEDENT'S	USUAL OCCUP	TION		16b. KIND	OF BUS	INESS/IN	NOUSTRY	3111100		
E	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5 +)	live kind of a Do NOT us	vork done during se retired.)	most of workir	ng					Board		
MPL	12 years Ma	inte	nance			of	Edu	cat	ion			
COMPLETED	17. FATHER'S NAME (First, Middle, Lost)					ME (First, Middle,	Maiden	Surname)				
BE	William Keith					Neal						
2		6. MAILING 2907				Route Number, City				. 2112	0	
			SITION (Name of						- City or To		U	
	20s. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from State  1 Donation 5 Other (Specify)	id R	idge (	emet	ery				more			
	21. SIGNATURE OF FUNERAL SERVICE ALCENSEE		22. NAM	AND ADDRE	SS OF FAC	Fli	no	Fun	oral	Home		
	Jelus W. Elice		934	S 25	ain					ld.2107	fi i	
	23. PART I. Enter the dissess, or complications that caused the de									Approxim	ate	
	shock, or heart fellure. List only one ceuse on each line iMMEDIATE CAUSE (Final				1					Onset an		
	disease or condition resulting in death)  a. Milistatic cancer of the colon  DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, Due to (OR AS A CONSE	OUENCE O	n.									
E	cause. Enter UNDERLYING	.voz.noz o	• ,•									
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	OUENCE O	F):									
CERTIFICATION	resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not	resulting	in the underl	ing cause	given in	Part I. 24a.	WAS AN	AUTOPS	Y 246	. WERE AUTOPSY F	INDINGS	
DICAL	ASCVD					- 33	PERFOR	MED?		AVAILABLE PRIOR	TO	
MED				_		''	YES 2	- NO		OF DEATH?	Merchanis	
3 .:										1 150 2 199		
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF D	EATH (Che	ack only one)						
SIC	HOSPITAL: 1   YES 2   HO   Inpatient 2   ER/Outpatient :	3 DOA	OTHER:	lome 5 🖵 📶	sidence	6 Other (Spec	cify)					
PHYSICIAN:	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)	26b. TIN	YRUL	INJURY AT WORK?		28d. DESCRIBE	E HOW I	NJURY O	CCURED			
BY	2 Accident Investigation			YES 2	NO							
9	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm,	street, factory, o	ffice		261. LOCATION City or Tow			per or Flural	Route Number,		
29e. CERTIFIER												
3 Suicide 4 Homicide 6 Could not be determined building, etc. (Specify)  29c. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and manner as stated.										stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER					- 1111 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
BE	11/ - 4h				882			290.0/	U/Z	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type	, Print)	UI	006				7/30	110		
	R. HABERSAT 214 MT		PMEL	RD	/	PARKI	au	M	b 2	1120		
	31. DATE FILED (MONIT). Day, Mag 0  32. REGISTRAR'S SIGNATURE  Junia Davidson—	Pandel	2				,		302			



DHMH-16 Rev 1/89

2. 0

a t.

e, all alone

	1 - STATE REGISTRAR	STATE OF MAKY	CERTIF				IEN IAL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	(Dohan					2. DATE OF	F DEATH D	AY	YEAR	3. TIME OF DEATH	
	Edward Car						4	20	9	70	11 July M	
		5. SEX 6. AG	E (In yrs. last birthday)  YRS.	IF UNDER 1	DAYS	HOURS MIN.	7. DATE OF (Month,	Day, Year)	01	a. BIRTH Countr	PLACE (State or Foreign  Y) Illinois	
	DI- 01 110-	set and number)	82	9h CITY	TOWN O	R LOCATION OF DE	ATH	7	Pc. COU	NTY OF D	un, out	
۳ ا	210 Webely Tex	class		Bu		in, Md		14	11	edda	ul	
DIRECTOR	RESIDENCE OF DECEDENT											
뿔	Maryland Harf	ord		l Air	7, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER	.ora			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY							
¥	210 Wakely Terrac	æ				21014			USA			
FUNERAL	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	12. WAS OECEDENT EVE FORCES? 1 2				ENDENT OF HISPAN city Cuben, Mexicer			or No-	- 14. RACE — American Indian, Black, White, atc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				2 NO Specify.		auri, sic.j	- 11	Whi	ffy:	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KINO OF BUSINESS/INOUSTRY										LE		
릴	10		Structi	rai 'i	est	Mechanio	C	P	ircr	aft		
5   17. FATHER'S NAME (First, Middle, Last)   18. MOTHER'S NAME (First, Middle, Meldlen Surname)   Gabriel Kohan   Anna Barbara Wiesnowski										ki		
W Alla Barbara Wiesipwski										<u></u>		
196. INFORMANT'S NAME (Type/Print) 196. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Co 210 Wakely Terrace, Bel Air, Md. 2101												
	20a. METHOD OF DISPOSITION	- 1	20b. PLACE OF DISPO	SITION (Nar	me of cen	etery crematory or	CI MI		CATION -		own, Slats	
	X Buriel 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)	val from Stats	Bel Air M	lemori	lal (	Gardens		Be	el Ai	r, M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE				D ADDRESS OF FAC		TT The		1 m	D 7	
	Howard K. Mar Domes III Howard K. McCo											
	23. PART I. Enter the diseesea, or co								_		Approximate interval Between	
	IMMEDIATE CAUSE (Final										Onset and Death	
ĺ	disease or condition resulting in death)  a.   JUE TO (OR AS A CONSEQUENCE OF):											
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE	OF):								
S	cause, Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events resulting in daeth) LAST	OUE TO (OR A	S A CONSEQUENCE	OF):								
E	d	•									1	
	PART II. Other algorificant conditions	contributing to daet	h but not reaulting	In the un	darlyln	g cause given in	Part I.	24a. WAS AF	AUTOPSY	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC								1 TYES	2 NO		OF DEATH?	
ME							-				1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		_		28 PI	ACE OF DEATH (Ch	eck only one	1				
PHYSICIAN: MEDICAL		HOSPITAL:	Outpetient 3 DOA	OTHER 4 Num	3:	e 5 🗆 Residence						
H	27. MANNER OF DEATH	28s. DATE OF INJUI (Month, Day, Yes	RY 28b. TI		28c. INJ			CRIBE HOW	INJURY O	CCURED		
ВУ Р	1 Natural 5 Pending 1 Accident Investigation	(Month, Day, 700		M	_	ES 2 NO		-				
	3 Suicide 8 Could not be	28s. PLACE OF INJ building, stc. (	URY — Al home, farm Specify)	, street, fact	ory, offic		281. LOCA City o	TION (Street Town, Stetu	and Number	er or Rural	Route Number,	
COMPLETED	an CERTIFIED						<u></u>		_			
MP	(Check only one)  1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of my k									a) and manner as eleted	
00	29b. SIGNATURE AND TITLE OF CERTIFIELD		. 101	1	paritori, u			and place, a			11.00	
BE	Red Land And And	1 hogh	un ther	nene	100	100 IIG	W.		≥ 44	1/2 7	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	oe, Print)		2 7 . 1	4. 111	uru	10	and	7 -	
	RICHARD J. C	OLFERIN	MD.	2	0/-	0/2/1	Denle	ugli	21,/	My	21034	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	dson-Pandel	0								
	II AFR JU SU	guna war	rason-nanae	ميان								

1	-	FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	ERTIFIC	ATE C	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, MI	iddle, Last)			6			2. DATE OF D		WEAR	3. TIME OF DEATH
ALVERTIA	CAT	HERINE	KE	KESNER				27°, 1	990 YEAR	5:05 Pm
4. SOCIAL SECURITY NUMBER			AGE (in yrs. les	t birthday) II	F UNDER 1 YEA	IF UNDER 24 HRS.	7 DATE OF B	нты	e BIRT	HPLACE (State or Foreign
213-72-4811		1 🗆 M 2 💢 F	80	YRS.	ONTHS DAY	'S HOURS MIN.	Aug. 27,1909			t Virginia
9a. FACILITY NAME (If not institute of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control				•		n or Location of Di erland	EATH	9c.	Alleg	
	DENT Db. COUNTY			40a CITY 1	TOWN OR LO	CATION				10d. INSIDE CITY
		-l		100.011,						LIMITS?
WV	натр	shire			ROII	ney				1 TYES 2 NO
Rt. 1, E	30x 2	16				101. ZIP CODE 26757		10g	U.S.A	what country?
11. MARITAL STATUS		12. WAS DECEDENT E	VER IN U.S. AR	MED		DECENDENT OF HISPAI			0- 14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2 Me 3 Widowed 4 Divorce		FORCES? 1 [	OR DATES	40		, specify Cuban, Maxica YES 2 NO Specify		, atc.)	Spec	
	ENT'S EDUC			CEDENT'S US			16b, KINS	OF BUSINES	S/INDUSTRY	
(Specify only hi Elementary/Secondary (0-12		College (1-4 or 5+)	(G	ive kind of wor . Do NOT use r	k done during etir <mark>ed</mark> .)	most of working				
N/A		Conege (1-4 or 5 +)		House	ewife			Home		
17. FATHER'S NAME (First, Middle) Willian		ry Wilso	27			16. MOTHER'S NA Marth			cain	
		TY WITSO								
19a. INFORMANT'S NAME (Type						eet and Number or Rural				24520
Maxine V. Sn		- v v				St., Lona	coning			21539
20g, METHOD OF DISPOSITION 1	aca)		cometery, cremetory or cometery		ROMNe		City or Town, State			
21. SIGNATURE OF FUNERAL S	SERVIGNE LICE	PASEE ///	111			E AND ADDRESS OF FA				
· Man	11	ALO	11.			Shaffer Fu 230 East M				V 26757
23. PART i. Enter the dise	2000	mnilostions that/s	wood the de	eth Do not						Approximate
shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)		lst only one cause	CL	in (	anc	spend	_			intarval Between Onset and Death
	•		met	asta	62	Smead	100	20		
Sequentially list condition if any, leading to immedia	nte	DUE TO (O	AS A CONSE	QUENCE OF):		/	/		_	
CAUSE (Disease or injury			R AS A CONSE				V.			
that initiated events resulting in deeth) LAST	١.									
	•									
PART II. Other significant		in the				www.	/	YES 2 X	?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		1	OTHER:	6. PLACE OF DEATH (C/	neck only one)			
1 TYES 2 AG		1 inpatient 2 is	R/Outpatient	DOA 4		Home 5 - Residence	6 Other (Spi	eclfy)		
27. MANNER OF DEATH  1 Natural 5 Pe		28a. DATE OF IN (Month, Day,		26b. TIME (	YF	INJURY AT WORK?	28d. DESCRIE	BE HOW INJUR	Y OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined determined								N (Street and N wn, State)	lumber or Rural	Route Number,
			1							
and and			/			date and place, and du				(a) and manner as stated.
29b, SIGNATURE AND TITLE O	F CENTURES	1				29c. LICENSE NU	MBER	7994	. DATE SIGNE	D (Month, Pay, Year)
/	111					D36766		200	4/	2+/4,1
Dr. V. Poot		719 Will				berland,MD	21502		(-	
31. DATE FILED (Month, Opp.)	in 2	37 REGISTRAR					· · · · · · · · · · · · · · · · · · ·			
WW A 72	NU Z	The san Special	-							

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

natel II

Direct		yami
my une	томај.	leal o
H	97 70	med
No.	ou,	Per
UNERAL DIRECTOR; After this certaincate has been signed by the attendant physician and compressly miss in the literature.	rithin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	aut if item 28 is marked or item 23 shows any injury or other fraumatic event, the medical evant
3	ortal,	die a
0	20	ma
STUTION	prior	train train
2	iene	ther
5	£	0 16
dillo	ental	2
PIR	2	Inini
5	an	20
Signe	Health	E SM
Gen	0	eho
CPI	Dept	23
Medic	State	Ham.
	部	0
CHIES	With	rhad
Alies	death	em s
5	after	28 1
	hours	Ham
3	2	90
S	rithin	AMT.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	D MENTA	L HYGIENE					
	1. DECEDENTIS NAME (First, Middle, Last	) / 1 4	-1/:	7		OF DEATH			TIME OF DEATH		
	Joseph	WALTER	KIR	bil	Ap		3 19	CT.	1200 N M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	-	NDER 1 YEAR IF UNDER 24 HR	s. 7. DATE	OF BIRTN h, Day, Year)	0.	BIRTNPLA Country)	ČE (State or Foreign		
	216-05-6894 9s. FACILITY NAME (If not institution, give	1 M 2 F 76		HS DAYS HOURS MIR	Nov.			Rock	Hall, Md.		
DIRECTOR	Union Hospital o			Elkton	lkton Cecil						
E C	10s. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY				
ā	Maryland Ce	cil	E	lkton				1 [	LIMITS?  YES 2 X NO		
AL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?		
FUNERAL	8 Reed Hartnet	t Street		21921			U.S.	Α.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HIS				RACE -	American Indian,		
	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Me 1 TES 2 NO Sp		Rican, atc.)	- 1	Black, WI Specify:	nita, etc.		
ВУ								Whi	te		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION tie completed)	(Give kind of work of	lone during most of working	168	. KIND OF BUSI	NESS/INDUST	FRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	the. Do NOT use reti								
ME	12 years 17. FATHER'S NAME (First, Middle, Last)		Assembl	y Worker		utomot		idust	ry		
						Middle, Malden S	Surname)				
BE	Walter S. Kirb  19a. INFORMANT'S NAME (Type/Print)	У	I 404 4444 1110 400			lhofer					
2	Emilie M. Kirbv			RESS (Street and Number or Ro					.0.1		
				artnett St.,			YTANG ATION — City	219			
	20a. METHOD OF DISPOSITION Apr 1X Burlel 2 Cremation 3 He 4 Donation 5 Other (Specify)		other place)	Methodist Ce			th Eas				
	21. SIGNATURE OF FUNERAL SERVICE L		Of the Bast	22. NAME AND ADDRESS OF		NOI	tii Bas		ia.		
	1 Daniel	l Histor		Hicks Home Bow & Stock Elkton, Mar			, P.A.				
	23. PART I. Enter the diseases, Di	complications that caused	the death. Do not e	nter the mode of dying,	such aa car	diac or respin	atory arrest	7	Approximata		
	ehock, or heert fellure	. List only one cause on e	ach line.						Interval Between Onset and Death		
	disease or condition resulting in death)  a. Congestive Heart Failure out to/(or as a consequence of):										
	OUE TO/(OR AS A CONSEQUENCE OF):										
Z	Sequentielly list conditions,	a COPI	0								
Ĕ	If eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
5	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):								
Ē	that initiated events resulting in death) LAST	and to foll the ti	. CONSECUENCE OF J.								
CERTIFICATION		d									
AL	PART II. Other eignificent condition	ona contributing to deeth b	ut not resulting in th	e underlying cause giver	in Part I.	24a. WAS AN A PERFORE			RE AUTOPSY FINDINGS		
	Coronary	Artery Di	sease			1 - YES 2		CO	MPLETION OF CAUSE DEATH?		
ME	Previous	CVA = lef	t hemiphe	sia					YES 2 NO		
ž		/									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH	(Check only o	ne)					
SI	1 TES 2 NO	1 5 Inpetient 2 ER/Outp		HER: Nursing Home 5 - Resider	nce 6 🗆 Oth	er (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	EO			
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO							
	3 Suicide 6 Could not b	Dullding, etc. (Special control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	— At home, farm, street	, factory, office		CATION (Street ar or Town, State)	nd Number or	Rural Route	Number,		
AP.	neal -	SICIAN: To the best of my know									
00	2 MEDICAL EXAMI	NER: On the basis of examination	n and/or investigation, in	my opinion, death occured at	t the time, dat	e and place, and	f due to the c	euse(s) en	d manner sa stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIF	ER		29c. LICENSE	NUMBER	0	29d, DATE S	GNED (M	onth, Day, Year)		
10	Wallace O	Mushain,	M.D.	10-0	712	9	P 4	-24	-40		
	30, NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	1D F	EIX	ton	1	nd	/		
	31. DATE FILED (Month, Day, Year)	90 32. REGISTRAN SISIGN	Dail don Hand	all	, , ,						
	HET C	0									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospitar or attending physician	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be unlarged by use as the burnal by the attending physician and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF		MENTAL	HYGIEN	E	and a		
	1. DECEDENT'S NAME (First, Middle, Last)  MADELINE	MAE	8116			2. DATE	OF DEATH	199	YEAR 3.	TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 221-03-4-159	5. SEX 6	AGE (In yrs. lest birthday)  72 YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	DF BIRTH (, Day, Year) . 28, 1	917	ACE (State or Foreign		
// H	9e. FACILITY NAME (if not institution, give				OR LOCATION OF DI	EATH		9c. COUNTY OF DEATH			
CTC	Peninsula General RESIDENCE OF DECEDENT  106. STATE  106. COUNT			Salisbu				Wico			
DIRECTOR		COMICO	10c. G1	SALISBU				LIMITS?			
	10e. STREET AND NUMBER	JOHICO			M. ZIP CODE			10g. CITIZ		T COUNTRY?	
IER.	RT 11, BOX 678	(US 13)			21801			1	USA		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)  1 ☐ YES 2 X NO Specify:					American Indien, thile, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		S USUAL OCCUPAT work done during in		16b.	KIND OF BUS	INESS/IND			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		SEWIFE			НО	ME.			
OM	17. FATHER'S NAME (First, Middle, Last)	NU	1 11000	ZWII D	18. MOTHER'S NA	AME (First, N					
BE C	GROVER CI	LEVELAND	HASTINGS	S	MINNIE	E 1	MAE	Н	ORN		
10	19e. INFORMANT'S NAME (Type/Print)				end Number or Rural				Code)		
-	JEROME L. KING	2/4 /90	20b. PLACE OF DISPO		2, SALISI	BURY,	-	1801	City or Town	Photo	
	20a. METHOD OF DISPOSITION 4/2 14 Buriel 2 Cremetion 3 Fen 4 Donation 5 Other (Specify)	noval from State	other place) WICOMICO				200		URY, 1	10000	
	21. SIGNATURE OF FUNERAL SERVICE LI	1 1			DWAY" FONE	RAL			, ,		
	- Auson,	Sellon	my		SNOW HILI		,		, MD	21801	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
PHYSICIAN: MEDICAL CERTI	PART II. Other algnificant condition  His postica	as contributing to de		In the underlyl						ERE AUTOPSY FINDINGS BALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO	
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/	heck only on	e)				
НУЅ	1 TYES 2 TO	26e, DATE OF INJ	3/Outpatient 3 DOA		me 5 Residence	-	r (Specify)	VIURY OCC	CUBED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Duy, 1		IJURY V	YES 2 NO	800.000	JOHOL HOW I		501125		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, farm, . (Specify)	, street, factory, off	ice		ATION (Street a or Town, State)	and Number	or Rural Acu	te Number,	
COMPLETED	anal	SICIAN: To the best of my ER: On the basis of exam								nd manner as stated.	
	200. SIGNATURE AND TITLE OF CENTIFIE	in N			29c. LICENSE NU	IMBER		29d. DAT	E SIGNED (M	lonth, Dwy, Yber)	
TO BE	Michaella	udo			D240	12		<b>&gt;</b> 4	4-20	90	
5	30. NAME AND ADDRESS OF PERSON WIND Sunds 7, March 31. DATE FILED (Month, Day, Year)	A CT 10	5 Pins T		ed, Sal	rpr	y, h	0 5.	.601.		
	100 0 / 100	All Mich	Broghellle								

TO BE COMPLETED BY FUNERAL DIRECTOR

ó	certif	
9	death	,
S	the	•
Œ	that	
3ECO	requires	
1	S.W	
3	The	
FVII	SICIAN:	
O	F	
DIVISION OF VITAL RECORDS, P.O.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	
_	HOSPITAL	
	王	
	0	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEI	PARTMENT OF	<b>HEALTH AND</b>	MENTAL HY	GIENE
CERT	IFICATE OF	FDEATH	RE	G. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE I. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		TIME OF DEATH
Dorothy V.	Lenfers				April	11 19 ⁶	YEAR 90	2:10 PM M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	O DISTUDI A	CE /Chete or Enmise
579 03 7181  9a. FACILITY NAME (If not institution, give si		86 YAS.	HTHS DAYS	HOURS MIN.	irginia			
8300 Nicholson Co				rrolltor			TY OF DEATH	orge's
RESIDENCE OF DECEDENT	, dit		NEW Ca	TIOIILOI	I.	FILING	ce Geo	orge's
10e, STATE 10b. COUNTY	1	10c. CITY, 1	OWN OR LOCAT	ON			100	I. INSIDE CITY
Maryland Princ	e George's	New	Carroll	ton ZIP CODE		10e CITIZ	15 EN OF WHAT	YES 2 NO
8300 Nicholson Co	ourt		2	0784			ted St	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Spec		14. RACE	American Indian.
1 Never Married 2 Married	FORCES? 1 YES	TES	If yes, spe	city Cuban, Maxica 2 NO Specifi		tc.)	Black, WI	hite, atc.
3 🔀 Widowed 4 🗌 Divorced		No			No		W	Thite
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during mos	N et of working		OF BUSINESS/INDU		-
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	ethed.)		_	t. Of Ag	gricul	ture
	4	Personne.	L Manag	er	Caf	eteria		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		faiden Sumame)		
John E. Dovorak					Belshan			
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
Carole J. Cooper				on Court				
20a. METHOD OF DISPOSITION 1 [XBurlai 2 ] Cremation 3 ] Rem	oval from Slata	PLACE OF DISPOSITI				Oc. LOCATION C		
4 Donation 5 Other (Specify)		Lakemont				Davidson	ville	Md.
21. SIGNATURE OF FUNERAL SERVICE LIC		)		d address of fa .1-Evans		Home 1	ΡΔ	
► Kobert E. E	vana 1	res.		O Annapo				20715
23. PART I. Enter the diseases, or cahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	the deeth. Do not sch line.	dref	The	el.		est,	Approximete Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	rlin.	l a	lses	2		
PART II. Other algolificant condition	a contributing to deeth b	ut not resulting in	the underlying	ceuse given in	P	ERFORMED?	CO	TRE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
							1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	12 0	THER:	ACE OF DEATH (Ch				
1) YES 2 NO	1 Inpatient 2 I EF/Outp			5 🗆 Residenca				
1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	26B. TIME (	Y WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE	HOW INJURY OCC	CURED	
3 Suicide 6 Could not be 4 Homicide delermined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, ferm, stre	et, factory, office	)	261. LOCATION City or Town	(Street and Number , State)	or Rural Rout	e Number,
29a, CERTIFIER								
(Check only	ICIAN: To the best of my know ER: On the beats of examination							nd manner as stated.
29b. SIGNATURE AND TITUDY OF CERTIFIE	n			29c, LICENSE NU	MBER	294 DATE	SIGNED (NA	with Day Ward
8/47				D198	91	1 4	7/12	190
30. NAME AND ADDRESS OF PERSON WH	- 1	ATHRITEM 27 (Type, P)	rdle	40	2073	37		
31. DATE FILED (Month, Day, 16ar)	32 REGISTRAR'S SIGN							

	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH A DEATH		ENTAL HYGI REG. I			
	1. OECEDENT'S NAME (First, Middle, Last)	-1)		Ŕ				_	2. DATE OF OEATH		YEAR	3. TIME OF CEATH
	LEANDRE, LUCI	-							7. DATE OF BIRTH	6	90	3:32 PM
	065-46-0132	1 M 2 F	6. AGE (In yrs. last I	YRS.	IF UNDER	DAYS	HOURS I	MIN.	(Month, Day, Year HZS/3	6	Country)	
	Se. BACILITY, NAME (If not institution, give	street and number)			9b_CITY	, TOWN O	R LOCATION	OF DEAT		9c. CO	UNTY OF DE	ATH
E G	HOLY Cross 8	Vocata	)		21	Lve	25	DR.	ING	M	outg	V SSMO
DIRECTOR	104. STATE 10b. COUNT	Υ									10d. INSIDE CITY	
	Md.	P.G.		Clinton					0			LIMITS?
34	10s. STREET AND NUMBER	_				101	ZIP CODE	_				HAT COUNTRY?
FUNERAL	6604 Woodley	Road 12. WAS DECEDENT	EVER IN U.S. ARM	20735  Institute 13. Was decendent of Hispanic Origin? (Speci					OBIGIN2 (Specify	Ify Yes or No.— 14. RACE — American Indian,		
BY FU	1 Never Married XX Married 3 Widowed 4 Olvorced		YES 2 X NO			If yes, spe		Mexican,	Puerto Rican, etc.		Black, Specify	White, atc.
	15. DECEDENT'S EOU (Specify only highest grad				USUAL O		N st of working		16b. KINO OF	BUSINESS/I	NOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma. L	avy Equip Operator					Co	nstr	actio	n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	22	Неа	vy	Ean	ip (			E (First, Middle, Mai	den Surname,	)	
BE C	Fortune Augos					Ge	asl	yn Lea	ndre			
9	19a. INFORMANT'S NAME (Type/Print)								ute Number, City or	Town, State, J	Zip Code)	
	Virginia Hewitt Same as 10a-10f.  20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commonly, cramatory or 20c. LOCATION — City or Town, State										en State	
	1   Burlel 2 \( \text{Decentation 3   Removal from State} \)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 6633 Old Alexa Clinton, Maryla								uw Lee	Fune:	ral H ry Ro	ome, Inc.
$\dashv$	23. PART I. Entar tha diseases, or	complications that	caused the dea	th. Do	_							Approximate
	shock, or heart fallure.							,			,	Interval Between Onset and Death
	disease or condition a. Sepsis Due to (or as a consequence of):										Iday	
<u>S</u>	Sequentially list conditions,	b. Acquire	OR AS A CONSECU	DENCE O	icen (	4	Syndre	she				Tyear
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a Huran	Mrunode	ehide	ncy	viru	3					loyears
CERTIFICATION	that initiated events resulting in desth) LAST	DUE TO (	OR AS A CONSEQU	UENCE O	F): '							
8		d										+
CAL	PART II. Other significant condition				in the u	nderiyin	g cause giv	ven in P	PER	AN AUTOPS		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Disseminated int	ravaxayar	coagulari	<u>m</u>				-	1 □ YE	3 2 NO		OF OEATH?
Σ									-			1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OEA	ATH (Chec	ck only one)			
YSI	1 TES 2 NO	1 ☐ Inpatient 2 🗹				raing Horr			Other (Specify)			
BY PHYSICIAN: MED	27. MANNER OF OEATH  1 Netural 5 Pending	28a. DATE OF (Month, De		28b. TII	JURY M	28c. INJ W0	RK7		28d, OEŞCRIBE H	W INJURY (	OCCUREO	
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of	F INJURY — At honetc. (Specify)	ne, farm,	street, fec	tory, offic			261. LOCATION (St. City or Town, S		ber or Rural R	oute Number,
	4 Homicide determined								ony or 101111, o			
3 Suicide 4 Homicide 6 Could not be determined building, etc. (Specify)  29a. CERTIFFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and manual and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the c										and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFI						29c. LICEN			29d. D		(Month, Day, Year)
TO B	Uleena J. Sh						DE	353	36		4/16	190
	Deena J. SHAPIED H	D. 10,810	CONNECTI	CUT		6	KENS	1 NG 11	DN MI	20	298	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	dson-Rande	00								
	APR 19'90	grina viio	man - I									OHMH-16 Rev 1/89

OHMH-16 Rev 1/89

1 -1. DE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTI	eath.	funeral
B	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
_	Sis	.=
		filled
	vithin	pietely
46	be	mo:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execut	and c
×	2	cian :
BO	ficate	physic
o.	certi	Bing .
9.	leath	atten
Ś	the d	the
2	nat t	à
ō	es ti	gnec
E	qui	IS II
œ	W TE	ě.
7	Je la	has
E	F	cate
>	CIA	ertif
P	PHYS	this c
N	DING	After
Sic	ENC	DR.
5	A	ECI
0	OR	BH .
_	_	

												90		29	65
FOR STATE REGISTRAR		STATE OF I	MARYL					HEALTH AND	MENTA	L HYGIEN	_				
1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIMI	E OF DEAT	Н
James M	I LYT.	7							MONT	il 16.	199	YEAR	۵.	30P	M
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE	(In yrs. last	birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	177	8. BIRTI	HPLACE (	State or For	reign
215 74 997	4	1 🔀 M 2 🗆 F		31	YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year) 21/195	8	Wash		ton D	.C.
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY,	TOWN	OR LOCATION OF D	EATH		9c. CO	UNTY OF E	DEATH		
Doctor's H	ospita	1				Lanh	am	Maryland	ı		Prin	ice G	eorg	ze s	
RESIDENCE OF DEC	10b. COUNT														
Maryland		v e George	1.0			v, тоwn o verda							LH	SIDE CITY MITS?	
10e. STREET AND NUMBER		e George	3		N.T.	verua	_	IOI. ZIP CODE			10e CI	TIZEN OF	24		
6208 Fernw	hoo	Terr	ace					20737				ited			
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER II			13. V	AS DI	ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes					in,
1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				0	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1  YES 2 N NO Specify: Specify:					etc.					
3 Wildowed 4 Divorced				0	No					White					
	EDENT'S EDU			16a. DE6	CEDENT'S	USUAL OC	CUPAT	TION	16	b. KIND OF BU	SINESS/IN	IDUSTRY			
Elementary/Secondary (		College (1-4 or 6	+)			work done during most of working se retired.)									
11				P	aint	er	r Self Employed								
17. FATHER'S NAME (First, M								18. MOTHER'S N			Surname)				
Robert Hug	h Lyle							Vallie	? Tip	oton					
19a. INFORMANT'S NAME (	Type/Print)	-		198	MAILING	ADDRESS	(Stree	t and Number or Rural	Route Nun	nber, City or Tow	m, Statu, Z	(ip Code)			
Jenny Lee	Housem	an	F (**		Rt.	1 Box	2	37 Brooke	er Fl	La. 32	2622				
20e. METHOD OF DISPOSIT		oval from State	201	other pla	OF DISPOS	SITION (Nar	ne of c	cemetery, crematory or		20c. LO	CATION -	- City or T	own, Stat	la	
4 Donation 5 Other		Conflict to Conc.	_ M	letro	poli	tan (	Cre	matory		Ale	exan	dria	Vir	ginia	1
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			)			AND ADDRESS OF F		4		-			
Kolya	3 +	CITTINA	0		040			11-Evans			-			715	
23. PART I. Enter the d	Iseases, or	complications the	t canso	d the de	eth. Do r								I A	pproxima	
IMMEDIATE CAUSE (Fig		List only one car	use on a	ach line										nterval Be	
disease or condition				Win	do	DAI	0.0	phiality	1				İ		
resulting in death)		DUE TO	(OR AS	CONSEC	UENCE O	F):	<u> </u>	portaur.		_			-		
				WW	nu	no (	2	Cocionio	01	sum	100	0.64			
Sequentially list condit If any, leading to imme	diate	DUE TO	(OR AS		UENCE O			fictions	-	- 1	0 40 4	100	1		
cause. Enter UNDERLY CAUSE (Disease or Inju		C													
that initiated events resulting in death) LAS		OUE TO	(OR AS	A CONSEC	DUENCE OF	F):									

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 TYES 2 NO

5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	DOA 4 Nui	28. PLACE OF DEATH (C) R: rsing Home 5  Residence	
7. MANNER OF DEATH Netural 8 Pending 2 Accident Investigation	/ 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, tec	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

29b. SIGNATURE AND TITLE ON CERTIFIED WAS AND THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE C

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Grenney

APR 23 '90

32. REGISTRAR'S SIGNATURE
tha Davidson-Rondelle

RECTOR

ō

FUNERAL

BY

ED

COMPLET

BE

0

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

CB.

COMPLET

BE

9

U

296. SIGNATURE AND TITLE OF CERTIFIER

'90

WILLIAM C.

31. DATE FILED (Month, Day, Year)
APR 2 5

1.2 Pages '

permit.

burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it		
10	10		
hospita	sched (		.00
the	det		6
2	9		7
ped	pine		60
retair	5 sho		IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Pa /	age		e d
THA	, D		ts.
9 8	ecto		Ē
Pag.	ral dir		Iner
death	fune		ехаш
after	by the	moval	leal
SUNCE	d in	Or re	тед
1 47	y fille	tion.	the
within	pletel	геша	ent,
pe	DOM:	al, 0	3
BCLI	pu	Dari	ii ii
600	E L	2	Ë
e p	sicia	NIO	ţ
tificat	phy a	ene	ther
h cer	nding	P	0 10
Seat	atte	maj	3
the (	y the	M Me	크
that	ed b	th a	amy
iires	Sign	Heal	W
requ	рееп	i. of	å
NB S	has	9	23
THE	cate 1	State	Item
ICIAN	ertifi	the	9
HYS	nis c	Migh	ced
G P	er t	tie.	nart
ON	A.	des	50
TEN	DR.	after	88
DR AD	INEC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	еш
AL	AL C	2	E
SPIT	VER	Nin.	Ë
皇	5	Mili	TA
뿚	THE	Per	PO
2	2	Be	Ē

90 12966 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH ^{DAY}1990 APRIL 23, 6:30 MARY LINGER JOSEPHINE Ам 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 💢 F OCTOBER 4 1908 098-09-0889D NEW YORK Se. FACILITY NAME (If not institution, give simet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH AT HOME, VALLEY VALLEY LANE ST. MARY'S VALLEY LEE 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND ST. MARY'S VALLEY LEE 1 YES 2 1 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. BOX 39 20692 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify 3 Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple during most of working Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE HOME 12TH GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) CHARLES WALK MARY ELIZABETH FAHRBACH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) VANCY DURYEA P.O. BOX 39, VALLEY LEE, MARYLAND 20692 20s. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata LEE CREMATORY CLINTON, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MATTINGLEY-GARDINER FUNERAL HOME, P.A. ichal P.O. BOX 270, LEONARDTOWN, MARYLAND 20650 23. PART / Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete ahock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Fine)** Myoennd, AL INFARCTIO disease or condition RODA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF). If any, leeding to immediate . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 1 TYES 2 NO COMPLETION DF CAUSE 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL OTHER Residence 8 - Other (Specify) nt 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 27. MANNER OF BEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 ACERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

20650

281

BOYD LEONARDTOWN, MARYLAND 32. REGISTRAR'S SIGNATURE Pandale

modera

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

90

29d. DATE SIGNED (Month, Day, Yber)

OHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE		
	1. DECEDENT'S NAME (First, Middle, Leat)	LAUBHR	Ey, Ir.	,		2. DATE OF DI	18.9	EAR U	O 4-10 M
	4. SOCIAL SECURITY NUMBER / 191-07-6079  9. FACILITY NAME (If not institution, give s	1 X M 2 □ F 80	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BII (Month, Day, April	Manri	country) ennsy	E (State or Foreign
стоя	RESIDENCE OF DECEDENT	MAND HO.	SPITAL	0	LINTON		Se. COUNTY		County
L DIRECTOR	Maryland Prince	ce George's		t Washi			10g. CITIZE	1 [	INSIDE CITY LIMITS? YES 24 NO
FUNERAL	8313 Cagle Roa	12. WAS OECEDENT EVER IN		13. WAS DEC	20744 ENDENT OF HISPAN		U.S	S.A.	Americen Indian,
BY	1 Never Merried 2 X X Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DAT	TES	1 TYES	city Cuben, Mexican 2 NO Specify.			SpecifyW]	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(Give kind of word life. Do NOT use r Banker	k done during mo: etired.)	N at of working	11112	Banking	STRY	
W O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle,	Malden Surneme)		
BE C	Harry J. Laugh	nrey Sr.			Iva	Stric			
TO BE COM	Harry J. Laughrey Sr.  190. INFORMANT'S NAME (Type)Print)  Linda Zelnick  191. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)  8313 Cagle Rd., Ft. Washington, Md. 20								
	20e: METHOD OF DISPOSITION  1 Deurlei 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	on Scottdal	Le Ceme	tery		Scottdale	y or Town, s	nnsylvania
GAGTILLE	PLEASE OF FUNERAL BERVICE LA	Kalex	,	Geor	,	las Fur	neral Home Oxon Hill		
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Acu							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. 0	CONSEQUENCE OF:	way	L gl	Zlan			
MEDICAL	PART II. Other significant condition	is contributing to deeth bu	at not resulting in	the underlying	ceuse given in		WAS AN AUTOPSY PERFORMED?	AMA COF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)			
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL;		THER:	e 5 🗆 Reeldence	8 Other (Spe	nc/fy)		
Y PHYSICIAN:	27. MANNER OF DEATH  1 Aletural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	RY WO	URY AT RK? YES 2 NO	28d. DEŞCRIB	E HOW INJURY OCCU	RED	
TED BY PI	2 Accident 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,
BE COMPLETED	contact only	ICIAN: To the best of my knowle							d manner as stated.
	29b. SIGNATURE AND TITLE OF CONTIFIE				29c. LICENSE NUN				Day, Year)
	P. OCS				D 1476	0	14	101	90
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	7 0,	xan Hk	Q Kd	Oxa t	196	red 2078
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ulia Davidsor	-Randell	•				

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Tel.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Lass after death. Page 6 may be retained by the hospi
SALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	CERTIF				MEN	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		VEAR:	3. TIME OF DEATH
138	GEORGE LOWERY								199	O	900 a M
	4. SOCIAL SECURITY NUMBER 5. S	_	yrs. last birthday)	IF UNDER 1	1 YEAR	IF UNDER 24 HRS.	7. D/	ATE OF BIRTH lonth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	132-01-0334 12	M 2 □ F 92	YRS.					y 17,18			nsylvan <b>ia</b>
œ	9a. FACILITY NAME (If not institution, give street a					R LOCATION OF	DEATH		9c. COUN		rundel
5	210-D Victor Pa	rkway	AI	nnaj	olis			мпп	ел	runder	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OF							10d. INSIDE CITY LIMITS?
	Maryland Anne	Arundel		Anna		ZIP CODE			40 - 0171		1 TYPES 2 NO
FUNERAL		1			101.	7// 12/97	402		10g. CITI		
S	210-D Victor Par	KW & V WAS DECEDENT EVER IN	U.S. ARMED			NOENT OF HISP		IGIN? (Specify Yes	or No-		S . A .  E — American Indian, c, White, stc.
	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO IF YES, GIVE WAR OR DATES					city Cuban, Mexic 2 KNO Spec		rto Rican, etc.)		Speci	
	m 3 Widowed 4 Divorced W W T							hite			
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done d				16b, KIND OF BUS	INESS/IND	USTRY	
PE	Elementary/Secondary (0-12) Co	liege (1-4 or 5+)	Automo	hild	o Me	chani	ا ہ	Civi	l Se	rwi	Ca
OM	17. FATHER'S NAME (First, Middle, Last)		and o o mic	,011				st, Middle, Meiden		1 1 1	
BE C	Ralph Lowery					Emma	Ma	rtin			1
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADORESS	(Street an	d Number or Run	l Route I	lumber, City or Town	n, Stata, Zip	Code)	
-	Lavinia Ogden Lo		210-	D V	icto	or Par	<u>kwa</u>				MD 21403
	20a. METHOD OF DISPOSITION  1 XBurlat 2 Cremation 3 Removal :	rom State	PLACE OF DISPOS						CATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		aldwin	22.1	IO II	D ADDRESS OF	Me C	l Chap	TTEL	SVI	lle, MD
	40000 14	Tu								7	21401
	23. PART I. Enter the diseases, or copyr	lications that caused	the death. Do r				_	r St.,		-	Approximata
	shock, or heert fellure. Mat IMMEDIATE CAUSE (Finel disease or condition	Only one ceuse on ee	ch line.								Interval Between Onset and Death
	resulting in death) e	DUE TO FOR AS A	CONSEQUENCE O	F): /							1 00/
Z	Sequentietly liet conditions, SiJuntional depression   IWK										
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	Pi:	1.		. /				4-+
SE SE	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	N. O. ( C)	119	ing n	1 ~1	ghana	1		15-
E	resulting in deeth) LAST										
	PART II. Other significant conditions co	ntributing to death bu	t not resulting	in the un	derlying	cause alven l	n Part	l. 24a. WAS AN	AIFTODEV	1 241	. WERE AUTOPSY FINDINGS
CAL		Urins				Cause Given	n rant	PERFOR	MED?	- "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1 TYES 2	ILI-NO		OF DEATH?  1 YES 2 NO
Ш											,
N: MEDI											
CIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ACDIVAL.				ACE OF DEATH (	check on	ly one)			
YSICIAN: ME	EXAMINER?  1 YES 2 ATO 1	SPITAL:	tient 3 🗆 DOA	OTHER	R:	ACE OF DEATH (					
PHYSICIAN:	EXAMINER?  1   YES 2   NO   1    27, MANNER OF DEATH		28b. TIV	4 🗆 Nurs	t: sing Home 28c. INJL WOF	5 Presidence	8 🗆		NJURY OC	CURED	
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending  2 Accident Investigation	Inpatient 2 ER/Outpa 28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	4 Hurs	28c. INJU WOF 1 Y	5 Presidence JRY AT RK7 ES 2 NO	8 🗆 e	Other (Specify) DESCRIBE HOW II			Parts Number
BY PHYSICIAN:	EXAMINER?  1   YES 2     NO	Inpatient 2 ER/Outpa 28a. DATE OF INJURY	28b. Till IN.	4 Hurs	28c. INJU WOF 1 Y	5 Presidence JRY AT RK7 ES 2 NO	8 🗆 6 28d.	Other (Specify)			Route Number,
BY PHYSICIAN:	EXAMINER?  1 VES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER 1 PETIFUMIC PHYSICIAN	Inpetient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY building, etc. (Specil	28b. TIN IN. — At home, farm,	4   Nurs	R: sing Home 28c. INJL WOF 1  Y	5 Presidence JETY AT RIKES 2 NO	28d.	Dither (Specify) DESCRIBE HOW II LOCATION (Street a City or Town, State)	and Number	or Rural	Route Number,
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined	Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specil	— At home, ferm,	4 Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurs	t: sing Home 28c. INJL WOF 1  Y  ory, office	5 Needdenco	28d.	Dither (Specify) DESCRIBE HOW II LOCATION (Street is City or Town, State)	and Number	or Rural	
COMPLETED BY PHYSICIAN:	EXAMINER?  1   YES 2   NO   1    27. MANNER OF DEATH  1   Netural 5   Pending Investigation  3   Suicide 6   Could not be determined  29a. CERTIFIER (Check only)	Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specil	— At home, ferm,	4 Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurs	t: sing Home 28c. INJL WOF 1  Y  ory, office	5 Needdenco	28d.	Dither (Specify) DESCRIBE HOW II LOCATION (Street is City or Town, State)	and Number	or Rural	
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1  YES 2	Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Specil	— At home, ferm,	4 Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurse Nurs	t: sing Home 28c. INJL WOF 1  Y  ory, office	5 Pheeldenco	28d.	Dither (Specify) DESCRIBE HOW II LOCATION (Street is City or Town, State)	and Number	or Rural	a) and manner as stated.
E COMPLETED BY PHYSICIAN:	EXAMINER?  1   YES 2   NO   1    27. MANNER OF DEATH  1   Netural   5   Pending Investigation    3   Suicide   6   Could not be determined    29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: One	Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Specil	At home, farm,	4 Mura IE OF JURY M street, factor and at the to	t: sing Home 28c. INJL WOF 1  Y  ory, office	5 Pheeldenco	28d.	Dither (Specify) DESCRIBE HOW II LOCATION (Street is City or Town, State)	and Number	or Rural	a) and manner as stated.

. . .

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

30	di		è
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Its after death, Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral din		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
after	y the	248	eal
97	4	Ď	ed
	Page 3	5	E 1
in 2	ely f	duo	ŧ,
d with	mplet	be filed within 72 hours after death with the State Dept. Of health and mental hygieis prior to buriet, cremination, or removal.	event
cute	d co	D IN	tic
exe	na n	3	Em.
9	sicia	0	Ē
ificat	phy	2	her
cert	ding	Ž	101
eath	atte	Į.	у, о
he d	the	Me	흔
lat t	5	E C	W.
the sa	Dued	P	8 3
aduir	is no	5	how
W L	s be	H.	3 8
he la	e has	2	ш 2
N: T	ficate	Stal	te .
SICIA	certi	ENe	0
PHY	this		ked
NG	fler	Bath	E
END	R. A	0 0	-
A	B.	S an	1 28
O.R	DIR	ğ	Iten
TAL	RAL	12	=
980	UNE		ANT
포	里	× 00	DRT
10	10	9	M
			_

10+1

JO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				NTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)	T -	6			2.	DATE OF OEATH	Y YEAI	3. TIME OF OEATH		
Steven G.	Layne						1 90	12:50 pm		
4. SOCIAL SECURITY NUMBER	1300	(In yrs. lest birthday)	IF UNDER 1 YEAR		MIN.	DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)		
9e. FACILITY NAME (If not institution, give s			96. CITY, TOW	N OR LOCATI		eb.19,1	949 Id			
	rial Hospi			aston		'		lbot		
RESIDENCE OF DECEDENT								2500		
10e. STATE 10b. COUNTY			TOWN OR LOC					10d. INSIDE CITY LIMITS?		
Maryland Que	en Annes	Ce	ntrev					1 YES 2 NO		
				101. ZIP COD				F WHAT COUNTRY?		
113 Brown Str		N II S ADMED	12 WAS O	216		ORIGIN? (Specify Yes	U.S			
1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 AYES IF YES, GIVE WAR OR D	2 NO	II yes,		in, Mexican, P	verto Rican, etc.)		ACE — American Indian, ilack, White, etc.		
3 Wildowed 4 Colvorced Vietnam Specify: Specify: Specify: White										
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during :	TION most of working	ng	16b. KIND OF BUS	INESS/INDUSTR	Υ		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	A			A	untina			
17. FATHER'S NAME (First, Middle, Last)	7	U F	А	10.1107	HEDIG DAM	(First, Middle, Malden	unting			
Garald Layne				-200		almer	Sumeme)			
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Stree			te Number, City or Town	n, State, Zip Code	59759		
Doris Palmer	Lavne					Whiteh				
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSI					CATION — City o			
1-1 Buriel 2 Cremation 3 Rem	ovel from State	Pewisto	n Cem	etery	7	Le	wiston	. Utah		
21 SIGNATURE OF FUNERAL SURVICE LI	TENSEE //		22. NAME	AND ADDRE	SS OF FACILI	al Chap	ما	21401		
Traplat X.	Lutu					er St.,				
23. PART I. Enter the diseases, or	complications that ceuse	d the deeth. Do no						Approximate		
ahock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse on e	each line.						Interval Between Onset and Death		
disease or condition resulting in death)	MENIN	LOCOCCAR	ME	VIN/~/	Till					
resulting in dealth)	DUE TO (OR AS	A CONSEQUENCE OF	):	17760-1						
Sequentially list conditions,	· AIDS									
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	):							
CAUSE (Disease or Injury that initiated events	c. OUE TO (OR AS	A CONSEQUENCE OF	):					<u> </u>		
resulting in death) LAST	4							ļ		
PART II. Other algnificant condition	a contributing to deeth	but not resulting in	n the underly	ing cause	given in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						_ 1 _ YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?		
						-		1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	1			DI LOT OF						
EXAMINER?	HOSPITAL:		OTHER:		DEATH (Check					
27. MANNER OF CEATH	1,2Nnpatient 2 ER/Out	28b. TIME	E OF 28c.	INJURY AT	7	Other (Specify)  8d. DE\$CRIBE HOW I	NJURY OCCURE	0		
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ		WORK? YES 2	□ NO					
2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUR building, atc. (So	Y — At home, farm, s	treet, factory, o	ffice	2	8f. LOCATION (Street ( City or Town, State)	and Number or Ru	iral Route Number,		
4 Homicide determined	bunding, atc. (Spi	эснуу				City or lown, State)				
29s, CENTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wiedge, death occurre	d at the time, d	late end place	e, and due to	the cause(e) end mai	nner ee atated.			
One)	ER: On the basis of examination	on end/or investigation	n, in my opinio	n, death occu	red at the tim	ne, data end place, en	d due to the cau	ree(e) and manner as stated.		
296. SIGNATORE AND TITLE OF CHEEPER	2/			290 LIC	ENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)		
124/1/100	125			1	364	//	1 4/2.	2/90		
SO, NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print) //	11	1	-	1/	1601		
Cobertodille	(timo	406	Idla	sild 1	tre	Zasmi	ns a	1601		
31. DATE FILED (MATTIN DAY ZOUTE 195	10 Labourage Application	Humblostoria.								

and the second of the last of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTION: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If I Item 28 is marked, or Item 23 shows. DIVISION OF VITAL REC

		nsit p	
9	is that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit partial and Mental Hypiene prior to burial, cremation, or removal.	
BALTIMORE, MARYLAND 21203-3146	d b	d at	
6-2	andir	as t	
20	att	use	
21	EZ O	Š	
0	ospi	ched	
A	he h	deta	90
5	7	2	Te
8	peu	onld	fled
A	reta	25	Tot
	8	age	eq
2	E	00, 0	188
9	9 96	irect	E
=	2	Tal of	ine
7	leath	fune	Mex
8	fler o	the oval	9
_	Sa	P P	pdic
		ed i	Ē
	n	ation	-
	with	plete	ent.
146	pet	rial,	2
5	Dec	and	nati
×	90	cian for tr	100
BC	cate	o pr	er t
Ö	ertif	ing (	40
P.	ath c	al H	07
ORDS, P.O. BOX 13146,	de:	nned by the attending physician and completely filled in by the fath and Mental Hygiene prior to burial, cremation, or removal.	t any injury, or other traumatic event, the medical examiner must be notified at once.
0	t the	by th	- L
SH	s tha	The a	am
$\sim$	21	E 10	44

ermit. Pages 1, 2, 3 sh

												90		2970
	for state registrar	STATE OF N	MARYLAND / CE		RTMENT				MENTAL	HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF		AY	YEAR	3. TIME	OF DEATH
		ENRY	LET	OUR	NEA	U			Apri		1990		3:0	0 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE Of (Month,	Day, Year)		8. BIRTHI Country	PLACE (S	Itate or Foreign
	579-44-3137	1 <b>X</b> X 2 □ F	98	YRS.			Cont.		9	10 1	891	Min		
ایہ	9e. FACILITY NAME (If not institution, give str	ALC: LOUGH					R LOCATIO		EATH		W	NTY OF DE		
DIRECTOR	Carroll Manor Nu	nsing Ho	ome		H	atts	ville				Prin	ce G	eorg	ge's
E C	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION		· · · · ·				10d. INS	IDE CITY
	Maryland Princ	ce George	e¹s	Ну	atts	vill	e							8 2 NO
	10e. STREET AND NUMBER						ZIP CODE	E			10g. CIT	IZEN OF W	HAT COL	JNTRY?
FUNERAL	3925 Oliver Stree	et					2078	82				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARM	AED					NIC ORIOIN? In, Puerto Ric		s or No —	14. RACE Black	- Amer	ican Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES							an, maj	100	Specif	ly:	
EDE	15. DECEDENT'S EDUC	ATION	100 DEC	SENENT'S	USUAL O	COLIDATIO	NA I		105.6	UND OF BU	ALVESO (IN	whi	Lte	
	(Specify only highest grade	completed)	(Gh	re kind of Do NOT u	work done	during mo	st of workin	ng	100.	IND OF BU	SINE 33/INI	JUSTAT		
7	Elementary/Secondary (0-12) 5 th	College (1-4 or 8	)	brar					S	choo1				
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mi					
U U	Oliver Letoureau						Mai	thil	d :	Richa	rd			
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Route Numbe	City or Tow	vn, State, Zij	p Code)		
۲	Anne L. Ryan		39	925	Olive	er S	tree	t, H	yat ts	ville	, Md	. 207	782	
	20a METHOD OF OBPOSITION	wai from State	20b. PLACE (		SITION (Na	me of cen	netery, cren	natory or		20c. LC	CATION -	City or To	wn, State	
	4 Donation 5 D Other (Specify)	0 /	Ft.	Lin	coln					Br	entw	ood,	Mar	yland
	21. BIGHAYUHE OF PUNCHAL SERVICE LIC	ENSE	/		22 F1	RANC	LS G	ASCH	S SO	NS FII	NERA	I. HOM	Œ.	Р. А.
	1 ANT 17	Drake	Au-		4	739	Balt.	. Av	e., H	yatts	ville	e, Md	1. 20	0781
	23. PART I Enter the diseases, or c												A	pproximata
- 1	shock, or heert fellure. I	list only one car	use on each lina.	•										terval Between neet and Death
	disease or condition resulting in death)	M	- cand	0	1	£.	oct	NOW					lu.	1 1
	resorting in quantity	DUE TO	(OR AS A CONSEC	UENCE C	PF):			100			1			
z	Sequentially list conditions,	Ant	OR AS A CONSEC	cl.	ever	the	Ca	100	OVEN	near	1 Dis	reas	4	1 carry
FICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE C	PF):									
2	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEC	HENCE C	NE)-								-i-	
	that initiated events reaulting in death) LAST	500 10	(OH NO A CONSEC	OENCE (	rrj.								İ	
		J											+-	
- 1	PART II. Other algnificant condition	a contributing to	death but not re	esulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AF	NAUTOPSY	24b.		UTOPSY FINDINGS LE PRIOR TO
MEDICAL	Fracture Ry	det he	0 (3)	171	90)					1 TYES				TION OF CAUSE
Ä	pulmonany &	in Solus	(3/	9/	90)				_					8 2 NO
ä	Senile Der	nentto												
덩	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	DEATH (Ch	neck only one,	)		_		
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3		4X Xu		6 G R	asidence	6 🗆 Other	(Specify)				
F	27. MANNER OF DEATH  1 Netural 8 Pending	28a. DATE OF	Day, Your	28b. Til	ME OF		PRK?	-1	26d. DESC	RIBE HOW	INJURY OC	COURED		
BY	2 Accident Investigation	71	7/90		M	1 0		NO	peu	as	TOTAL			
0	3 Suicide 6 Could not be 4 Homicide determined	building	of INJURY — At how, etc. (Specify)	men, murmi,	street, INC	логу, отне				TION (Street Town, State				
COMPLETED	29a. CERTIFIER	HO			W. N		0'		100					20182
MP	(Check only												0 000	
S	2 MEDICAL EXAMINE		AMERICAN BINEFOR 1	veetig#t	on, in my	ориноп, с				iria piace, a				
BE	296. SIGNATURE AND TITLE OF CERTIFIER		) Depu	1 61	ned	CA		ENSE NU	-		29d. DA	TE SIGNED	(Month,	Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	ore hu	C ZXC	AND	- Over	/	00	18	11	•		12:	190	
	TAME AND ADDRESS OF PERSON WH	O COMPLETED GAL	OF DEATH (ITE	- 41) (1YP	-o, г-ппп)									

Paul A. DeVore, M.D., 4203 Queensbury Rd., Hyattsville, Md. 20781

31. DATE FILED (Month, Dev. Year)

32. REGISTRAR'S SIGNATURE

APR 23 90

Autia Davidson-Fundelle



2

Pi,

\$	8	ï
5	Ë	- 64
=	E	i
6	۰.	
Œ	50	1
e	nat	
plet	ē	Ì
E	٠,	-
0	ma	4
and	ಹ	1
5	2	
Sici	9	1
É	d ea	
0	Ea.	-
di	8	
Eg.	=	i
त्त्व	Britis	
4	ž	
B	P.	۰
2	4	
ig	eal	
S	Ξ	
9	0	-
S	ept	9
=	0	
ate	tati	
iffic	S	•
93	€	
50	it.	•
=	5	•
fle.	eat	
<.	0	
OR.	the	1
臣	10	
8	100	
1	2 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S	7	
K	Till St	1
	INERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the	JNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tibing 72 hours after death with the State Dept, of Health and Mertal Hygiere prior to burial, cremation, or removal

1 - STATE					CERTIF					WEIT IN	REG.				
1. DECEDENT	T'S NAME (First,	Middle, Last)									OF DEATH			YEAR	3. TIME OF DEATH
MABEL	Blan		LANTZ							APR	ĬL 7,	, 19	990		6:02A
	44-2179		5. SEX	6. AGE (In	yrs. lest birthday) YRS.	IF UNI	B DAYS	HOURS	MIN.	(Mont	of BIRTH	ir)	9 14	Countr	PLACE (State or Foreign y) Virginia
9e. FACILITY	NAME (# not ins	titution, give s	treet and number)				nber1		ION OF DE				e. COU	NTY OF D	EATH
Memori RESIDENC 100. STATE	CE OF DEC	10b. COUNTY	7		10c. Cr	TY, TOW	N OR LOCA	TION							10d. INSIDE CITY LIMITS?
	MD	Ga	arrett			Mt.Lake Park							1 K YES 2 NO		
203 C	and number ak Str	eet					10	1. ZIP COD		550		1	log. CIT	IZEN OF V	USA
3 ★ Widowe	STATUS Alerried 2   ded 4 Divoi		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	S 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					y Yee or .)	No-		E — American Indien, k, White, etc. Hy: White		
	15. OECI (Specify only ry/Secondary (0-	DENT'S EDU- highest grade	CATION completed) College (1-4 or 5		(Give kind of Me. Do NOT	work do	ne during m d.)		ing		Aome	BUSIN	ESS/INC	DUSTRY	
17. FATHER'S	NAME (First, Mi	ddle, Last)						18. MOT			Middle, Me	iden Su	rname)	241	1 1
19e, JNFORM	Jacob ANT'S NAME (7)	roe/Print)		Наус	19b, MAILIN	G ADDR	ESS (Street	and Numbe	IV a		nber Cltv or	r Town 3	State. Zic		hael
	Betty		7				St.,						215		
1 X Buriel		n 3 🗆 Rem	oval Irom State		PLACE OF DISPO					dens				City or To	own, State iryland
1	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE						22. NAME A	ND ADDRI	ess of FA	nera	l Hon	ne			
Sequential If any, lead cause. Ent CAUSE (DI that Initiate	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
PART II. O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a, WAS AN AUTOPSY PERFORMED?   1 YES 2 NO OF									D. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
25. WAS CAS	BE REFERRED TO	O MEDICAL					26. F	PLACE OF	OEATH (C/	heck only o	one)				
EXAMINI 1 YES	ER? S 2 ₩ NO		HOSPITAL:	☐ ER/Outpa	itlent 3 🗆 DOA		TER: Nursing Ho	me 5 🗆 F	Tesidence	8 Oth	er (Specify	7)			
25. WAS CAS EXAMINI 1  YES 27. MANNER 1  Netu 2  Acci	ural 5	Pending	28e. OATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF	W	JURY AT ORK? YES 2	□ NO	28d. DI	SCRIBE H	IOM INT	URY OC	CCURED	
2 Accident	cide 6	Investigation Could not be determined	28e. PLACE building	OF INJURY	— At home, farm	, street,	factory, offi	ice		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,
29e. CERTIFI (Check o	only 1 CENT		ICIAN: To the best of												e) end manner se stated.
1	ANO TITLE	Mei	int						D289				29d. DA	TE SIGNE	0 (Month, Day: Year)
Dr. H		errick	Memoria	1 Hos	spital 1		cal	Builo	ling	Cur	nbeda	and,	Md	í.	21502

ITCOL OF

.

2.0

S. . .

		Prompt. 3 should
BALTIMORE, MARYLAND 21203-3146	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retain TO THE FUNEFALL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	MARY HELEN LAI	VIDVI	MOT		WONTH 2 4	Par Par	2124 M				
		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	B, BIR	THPLACE (State or Foreign				
	198-07-3493 1 1 M 2 D + 72	YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year)		nnsvlvania				
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY. TO	WN OR LOCATION OF D		9c. COUNTY OF					
œ	EDIA HOVEAL		(1/1	1 EC 1/11	-	CARROLL					
DIRECTOR	RESIDENCE OF DECEDENT		SYL	ESVIL	LE	CHEROLL					
E	10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY				
E	Marriland Braderials County	24.2	2.22				LIMITS?				
	Maryland Frederick County	MI	ddletc	101. ZIP CODE		10a CITIZEN O	WHAT COUNTRY?				
RA											
FUNERAL	4304 Serpentine Road  11. MARITAL STATUS  12. WAS DECEMENT EVER 1			21769		U.S					
5	1 Name Married 2 Married FORCES? 1 YES	2 X NO		s, specify Cuban, Mexico	NIC ORIGIN? (Specify Yea in, Puerto Rican, atc.)	or No-	CE — American Indian, ack, White, etc.				
BY	3 ☑ Widowed 4 ☐ Divorced	ATES	1 🗆	YES 2 NO Specif	y:	Sp	White				
	AC DEAFDERING POLICENIAN	44									
1	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S (Give kind of the Do MOT to	work done during	ng most of working	16b. KIND OF BUS	SINESS/INDUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5 +)										
M	8	Element	ary Re	ading Spec		ion (St	ate)				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			100000000000000000000000000000000000000	AME (First, Middle, Melden						
BE	George L. Harvey, Jr.				Vivienne V						
10	19e. INFORMANT'S NAME (Type/Print)	19b, MAILING	ADDRESS (S	reet and Number or Rural	Route Number, City or Tow	n, Stata, Zip Code)					
F	William A. Landvoigt	8321	Willia	m St. Sav	rage, MD 20	763					
			SITION (Name	of cemetery, crematory or	20c. LO	CATION — City or	Town, Stata				
	1   Burlat 2X Cremation 3   Ramoval from State other place) 4   Denation 5   Other (Specify) Carroll Cremation Serv. Hampstead, 1										
	21 SIGNATURE OF FUNERAL REPVICE LICENSEE 22 NAME AND ADDRESS OF FACULTY										
	Brian L. Haight Funeral Home (P.O. Box 195)										
	Sykesville, MD 21784 (301)-795-1400  23. PART I. Enler the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
O	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
MEDICAL		•			PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
_					_		. 🗆 100 2 🖺 110				
A	25. WAS CASE BET ERRED TO MEDICAL		12.	26. PLACE OF DEATH (C	heat naturane)						
PHYSICIAN:	EXAMINER? HOSPITAL:	S. S	OTHER:								
YS	1 PES 2 NO 1 Inpatient 2 ER/Out			Home 5 - Residence		AL MARKS CO.					
	27. MANNER OF DEATH  1 V Natural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED					
ВУ	2 Accident Investigation			YES 2 NO							
ED	3 Suicide 6 Could not be 4 Homicide determined	Y — At home, farm, scily)	street, fectory.	, office	26f. LOCATION (Street City or Town, State)	and Number or Rui	al Route Number,				
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the best of axaminets						ee(e) and manner se stated.				
8	296. SIGNATURE AND TITLE OF CENTIFIED										
BE	1 10111 ( VIII) 1100	MO		29c, LICENSE NU	11601	290. DATE SIGN	IED (Month, Day, Year)				
01	June Terrecer	1-11/		1/1	1740	4/	-1190				
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	VEN	e, Print) (	102 M	THSH!	Nota	RE				
	31. DATE FILED (Month, Day, Year) 32. REGISTER SIG	Mitidson-Ad	ndest		111110	100.11	0113				

-		
page		
director		-
funeral		
the	TOVAL	
P P	ren	44
8	١, ٥ر	
etely fi	emation	AA AL
duc	C.	-
ы	pong	- 44
in a	2	į
hysicia	prior	-
HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page i	I Hygiene	the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
e att	lenta	ĺ
th (	S D	
P	an an	
signe	Healt	
een	o of	
has b	Dept	-
Ficate	State	
certi	the state	
this	with	
After	death	
CTOR:	after	1
R	Urs	

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, L.	nsi)				2. DATE OF DEATH		3. T	IME OF DEATH		
	Patricia M	argaret Domm	L	loyd		18 18	90	AR	4:30 P. m		
	4. SOCIAL SECURITY NUMBER 155 54 7959		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-03-195	8.	BIRTHPLAC Country)	CE (State or Foreign		
1	9a. FACILITY NAME (If not institution, g	live street and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY				
DIRECTOR	Millard Tyding	s Bridge (I-9!	5)	Hav	re de Gr	ace	Har	ford			
Ä I	10a, STATE 10b. CO	UNTY	10e. CITY,	TOWN OR LOCAT	ION			10d.	INSIDE CITY		
	MD M	Montgomery		Rockv	lle			1	YES 2 X NO		
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?		
<b>5</b>	10629 Tuppen	ce Court			20850		U	SA			
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, sp		IC ORIGIN? (Specify Yer i, Puerto Rican, etc.) :	or No 14.	Black, Wh Specify:	white		
131	15. DECEDENT'S	EDUCATION	16a. OECEDENT'S U	ICUAL OCCUPATION	161	16b, KINO OF BU	PINESS (INDITE:		wnite		
COMPLETED	(Specify only highest g	grade completed)		ork done during mo		IND. KING OF BO	SINE 33/IND 03	n			
군	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home	maker		_					
8	17. FATHER'S NAME (First, Middle, Last	)			18. MOTHER'S NAI	ME (First, Middle, Malden	Sumame)				
S I	Robert Domm				M	argaret Ha	argrav	es			
<b>∞</b> ∥	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street &	nd Number or Flural F	loute Number, City or Tow	m, State, Zip Co	de)			
임	Dr. Douglas D.	Lloyd	10629	Tupper	nce Ct.,	Rockville	, MD	2085	0		
	20a. METHOD OF DISPOSITION  1 Strial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	other place) And		netery, cremetory or Cemetery	1.0.171	vre de		ace, MD		
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE		22. NAME AI	O ADDRESS OF FAC	CILITY					
	►(300 a	2 2 -	T			Funeral			•		
	23. PART I. Enter the diseasea,	or complications that caus	ed the death. Do no			ce, MD 2			Approximate		
	shock, or heart faile	ure. List only one cause on			, , , ,		,	'	Interval Between Onset and Death		
	disease or condition Fractured neck complicated by drowning										
	resulting in death)  a. Flactured fleck complicated by drowning  Due to (or as a consequence of):										
,											
<u>و</u> ا	Sequentially list conditions, if any, leading to immediate										
8	If any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS	A CONSEQUENCE OF	):							
CERTIFICATION	reaulting in death) LAST	d									
	PART ii. Other significant cond	itiona contributing to death	but not resulting in	the underlyin	cause given in	Part i. 24e. WAS AN	AUTOPSY	24b. WEF	RE AUTOPSY FINDINGS		
Z S	Manic Depr	ressive Disord	or			PERFO		CON	LABLE PRIOR TO APLETION OF CAUSE		
		CODIVE DISOLO				1 💢 YES :	I I NO		DEATH?		
Σ						_		, ,	YES 2 NO		
Y N	25. WAS CASE REFERRED TO MEDICA	AL		28. P	ACE OF DEATH (Ch	ack only one)	·				
25	EXAMINER?  1 💢 YES 2 🗌 NO	HOSPITAL:		OTHER:	e 5 🗆 Residence	aV Wheher (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26a, DATE OF INJURY	28b. TIME	OF 28c, IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	ED			
	1 Natural 5 Pending	(Month, Day, Year) 4-15-90	9:15	A M 1	PRK? YES 2 X NO	subject j	umped	from	bridge		
BY	2 Accident Investigat 3 Suicide a Could no	28e. PLACE OF INJUR	RY — At home, farm, st			281. LOCATION (Street City or Town, State					
	4 Homicide detarmine		water		!	Havre de	Grace	MD	. rage		
COMPLETED	29a. CERTIFIER 1 CERTIFYING P	PHYSICIAN: To the best of my kno	wiedge, death occurre	d at the time, date							
<u> </u>	Control And	MINER: On the basis of examinat						ause(a) and	f menner as stated.		
	29h. SURWATNIBE AND TITLE OF CENT	THER			29c. LICENSE NUN	4BER	29d, DATE S	IGNED (Moi	nth, Day, Year)		
B	MAN				OCME			4-19-			
임	30. NAME AND ADDRESS OF PERSON	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	30,10				- 0		
	James Kapl	an, M.D.		111 Pe	enn St.,	Balto., M	d. 21	201			
			GNATURE								
	31. DATE FILED (Month, Day, Year)	20. REGISTBAR'S SIG	- Handell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
γt	90		#
D	PI		P
taine	sho		ill.
90	9		2
ay	pag		p
E 9	200		SIL
age	die		P. L
Э. Г	era		Ē
deat	in fin		exa
after	by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.	Ical
OURS	드	B 16	med
24	fillec	jou.	the
thin	etely	emal	ıı,
M Da	dmo	al, cr	976
recut	B	Pur	atic
8 8	an a	1 10	E S
ate t	ysic	ğ	T tre
rtific	Ag Dr	glene	othe
+ C	endi	Ŧ	6
deat	att	еща	Ę,
the the	th th	N P	를
that	d par	th an	any
ulres	Sign	Hea	WS
De .	Deen	0	sho
B IAM	has I	Dept	23
Ē	cate	State	Item
CIAN	ertifi	the	6
132	ils c	Ę	pe,
6 P	th ne	ath v	nark
NON	E AM	r de	80
TE	E	afte	28
98	DIREC	NOURS	ten.
TAL	AL	2	Ξ
SPI	NEA	thin	Ë
E HC	E FU	M P	RTA
E	王	filec	2
2	2	8	2

1	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Daniel	Wi	lliam	T.e	ekites	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH  11:30AM			
	4. SOCIAL SECURITY NUMBER 5.		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIRTH	PLACE (State or Foreign			
	213-60-7789 1		42 YRS.	MONTHS DAYS	HOURS MIN.	NOV . 18	RYLAND					
HO!	309 Pryor Avenue	and numbery		SALIS		EATH.		COMICO	COUNTY			
DIRECTOR	10a. STATE 10b. COUNTY	COMICO		TOWN OR LOCAL					10d, INSIDE CITY LIMITS?  1 XYES 2 NO			
	10e. STREET AND NUMBER	<del></del>		101	. ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?			
FUNERAL	309 PRYOR AVE. 21801 USA											
BY FU	11. MARITAL STATUS	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Spect	in, Puarlo Rici		14. RACE Black Specif	- American Indian, , Whita, etc. y: WHITE			
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 1	6a. DECEDENT'S L	ISUAL OCCUPATION done during mo		16b. K	IND OF BUSINESS/I	INDUSTRY	WILLIE			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	at at working							
È	7 YEARS 1	NONE	NOI	NE			NON					
	ROSS	LeKI	TEC		THELMA		JANE	" BOZM	AN			
	19a. INFORMANT'S NAME (Type/Print)	Leki		ADDRESS (Street of					2111			
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  ROSS LeKITES  309 PRYOR AVE, SALISBURY, MD 21801											
	20a. METHOD OF DISPOSITION 4/13/90  1 M Burlai 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cereatory or SPRINGHILL MEMORY GARDENS  20c. LOCATION — City or Town, 8  PERON, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	sel avery	_		OWAY FUNI SNOW HILI			RY, MD	21801			
	shock, or heart failure. List only one case on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Gunshot wound to head  BUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
THISICIAIN INCIDENT	PART II. Other significant conditions of	contributing to death but	not resulting in	n the underlyin	g cause given in		4a. WAS AN AUTOPS PERFORMED? X YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \( \sqrt{\text{NO}}\) NO			
1	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)						
200		OSPITAL:	fent 3 🗆 DOA	OTHER:	XXX		Specify)					
Ē	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK?	28d. DESCI	RIBE HOW INJURY		-			
	1 Natural 5 Pending 2 Accident Investigation	UKN.	UKN	. M 1 🗆	YES 2 X NO		ject sho					
	4 Homicide 6 Could not be datarmined	– At home, farm, s	home		309°°	COCATION (Street and Number or Aural Route Number, State) Pryor Ave., Salisbury,						
COMPLEIED		N: To the best of my knowled										
# F	AND TITLE OF CERTIFIER	TILE OF CERTIFIEN  29c. LICENSE NUMBER  CCME  29d. DATE SIGNED (Month)  4-9-90										
٩	30. NAME AND ADDRESS OF PERSON WHO CO MARIO F. GOLLE,		syltress 275 (Som.	111	Penn Str	eet,Ba	ltimore	,MD 21	.201			
H	APR 1 1 90 File	32. REGISTRAR'S SIGNAT										

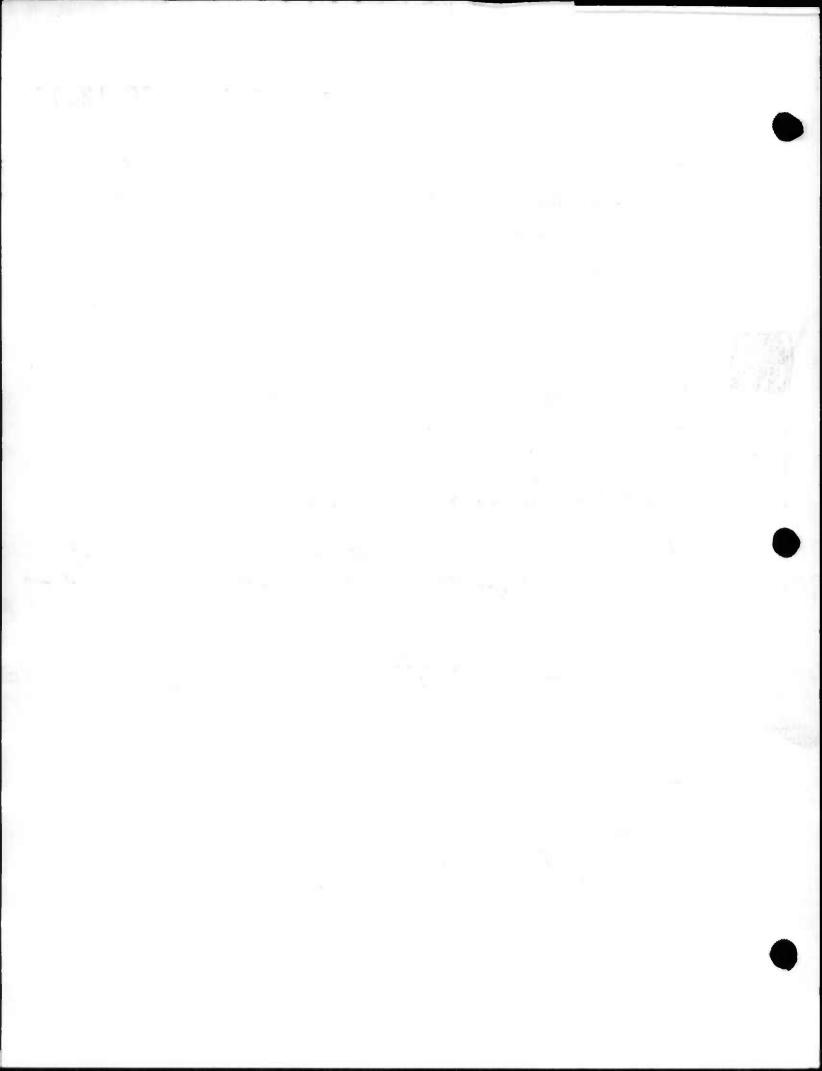
3	촞	ъ.	H
P.	pa	Duid	ed
A	etail	S	otil
2	20	ge 2	9
Щ	nay	E.	12
O	9	actor	Ë
Σ	Pag	9	Jer
E	th.	Dera	Ē
BALTIMORE, MARY	r de	al fe	exa
	afte	ay th	ical
	DUIS	in i	Ded
	4 h	filled on, c	10 0
	nin 2	tety	t,
é,	with	nple	ven
4	uted	2 E	9 3
5	вхес	and o bu	па
×	2	ior t	neu
B	icate	phys ie pr	er t
o.	ertif	gie V	e e
9.	the	ai H	9
-	de	Nemt	E S
ä	t th	P P	=
S	tha	th a	am
ö	uires	Sign	WS
띘	red	of of	she
-	MP :	Dept	23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified an
5	IAN	rtific Te Si	0 1
H.	YSIC	S Ce	ď,
0	P	# A	arke
N	DING	Afte	E
SIC	TEN	OR:	88
Ë	A AT	RECT IFS a	E 2
	10	D S	5
	PITA	ERA n 72	Till
	HOS	FUN	TAN
	분	H Pa	90K
	2	2 3	M

unding physician.

The burlatural permit, Pages 1, 2, 3 should

200-3146

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAI	ND / DEPAR					MENTAL	HYGIENE REG. NO.	E	90	12975
	1. DECEDENT'S NAME (First, Middle, Last)							T	2. DATE C	F DEATH			3. TIME OF DEATH
	MARY LONG								MONTH	1 3		YEAR	3:05 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE 0	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
	224-28-3275	1 🗆 M 2 📈 F	7	8 YRS.	MONTHS	DAYS	HOURS	MIN.	11-	25-11			h Carolina
	9s. FACILITY NAME (If not institution, give				9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF C	HTAB
じ	ALICE BYRD TA	AWES NUR	SING	HOME		Cris	sfiel	d, M	1D		Son	nerse	et
딦	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland	Somerset			Cı	risf:	ield						LIMITS?
ᇦ	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	Rt. 2 - Hopewell	-					21	817				U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U	J.S. ARMED					IC ORIGIN?	(Specify Yes	or No-	14. RAC Blac	E — American Indian, k, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATI	ES			2 X NO			, , , , ,		Spec	White
	15. DECEDENT'S EDI	ICATION	Li	I6a. DECEDENT'S	USUAL O	CCUPATIO	N N		16h	KINO OF BUS	INESS/IN	DUSTRY	WILLCE
	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5+		(Give kind of life, Do NOT u	work done	during mo	st of worldn	9	1000	idito or boo			
3	H.S. Graduate	4 years	"	Teach	er					Educa	tion	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NAM	ME (First, M	iddle, Maiden	Sumeme)		
BE	Rev. Edgar C. Ar	ndrews		0		_	Mar	y Wi	1son				
9	19a. INFORMANT'S NAME (Type/Print)									or, City or Town	n, Stefe, Zi	ip Code)	
-	Jesse L. Long			P. O.					eld,		21817		
	20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Ren	noval from State	0	PLACE OF DISPO						20c. LO		-	own, Stats
	4 Donation 5 Other (Specify)	CENTRE	_   Su	nnyride	,		D ADDRES	-	PH ITY		Cri	srie	1d, MD
	1/1/10/	7	1//	/						neral	Home	9	
	Robert N.	Hack	spic	ley	30	06 W	Mai	n St	1	Crisfi	eld	MD	21817
	23. PART i. Enter the diseeses, or shock, or heert fellure.				not enter	the mo	de of dyl	ing, such	n ee cardi	ec or respi	ratory a	rrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition	10		1	11	10	2	E	- 6				Onset and Death
	resulting in death)	· Con	ges	une,	172	Bu	0	10	ure	eve	*		1111
_		1428	60. T	Tena 11	0	20	( )	11	000	9			Voque
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE 16	OF AS A C	CONSEQUENCE O	F):		-1/-		CEUV				1200
8	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated eventa reaulting in death) LAST	OUE TO	(OR AS A C	CONSEQUENCE C	IF):								
5		4		-	2								
CAL	PART II. Other aignificent condition	ne contributing to	death-the	not remuting	in the u	ndertyin	g cause (	given in	Part I.	24a. WAS AN PERFOR		24	6. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	- CV1	7.	02	Ra					_ 1	1   YES 2	1/		COMPLETION OF CAUSE OF DEATH?
MED									_				1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Che	eck only one	0)			
Ι×S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I		llent 3 DOA	4 🗆 Nu	rsing Hon		esidence	8 Other	(Specify)	LI HI HIM O	001050	
РНУ	1 Hittural 5 Pending	(Month, D		Zeed. IN	JURY	WC	TURY AT ORK?	¬ NO	280, DES	CHIBE HOW II	NJUNT O	CCORED	
B	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE O	OF INJURY	At home, farm,	atreet, fec		-		28f. LOCA	TION (Street a	and Numb	er or Rural	Route Number,
ΕĒ	4 Homicide determined	bullding,	etc. (Specify	y)					City o	or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowled	dge, death occur	red at the	time, date	and place	, and due	to the cau	se(s) and mar	oner as at	tated.	
W C	nne)												(s) and manner as stated.
	196. SIGNATURE AND TITLE OF CERTIF	# 65	111	/	1,	1	29c. LIDI	gus Mily	19F9 >	210	594L DA	TE SIGNE	D Mooth, Day, Mine)
) BE	Kreau H.	Ite	ille	110	U/I		14	54	100	1250	•	41	16/90
위	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEAT	fн ( <b>/ТЕМ 27)</b> (Тур	e, Print)		T	10	2/4	7		11	//
1	James A. Ster			320 W		in S	Ľ	1	Ćri	sfield	l, MI	21	817
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	A SIGNAT	TURE Rand	22								



anding physician.	as the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should personal director, page 5 should personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and personal director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and director and directo	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a medical

STATE (	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		,
Lowe	Jr	2. DATE OF DEATH MONTH DAY	YEAR	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
1	William	Lowe Tr			4-12-90	DAY YE	8:18 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	0.8	IRTHPLACE (State or Foreign
216	-05-6425	1 M 2 D F 76		ITHS DAYS HOURS MIN	June 27	,1913	Maryland
	9a. FACILITY NAME (If not institution, give st			CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	
DIRECTOR	Edward W. McCrea	dy Memorial H	Hospital	Crisfield		Som	erset
딦	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
H	Maryland Some	rset	Cri	sfield			1 YES 2/ NO
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Roy 277 A Calve	ry Road Cr	isfield	21817			USA
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HIS ti yes, specify Cuban, Max		Yea or No- 14.	RACE — American Indian, Black, White, atc.
BY	3) Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES X	1 TYES 2 NO Sp	ecify:		Specify: White
	15. DECEDENT'S EDU		18e. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF	USINESS/INDUST	RY
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re				
를	8th Grade		Sanitat	ion Superv	isok Sa	nitati	on
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Malo	len Surname)	
BE	William H. Low	e Sr.					Wharton
2	19a. INFORMANT'S NAME (Type/Print)	Dunat		ORESS (Street and Number or Ru			
	Elizabeth Ann			7 A. Crisf: ON (Name of cometery, crematory)		LOCATION City	
	1√ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	other place)			isfiel	
	21. SIGNATURE OF FUNERAL SERVICE LIC		unnyrlag	22. NAME AND ADDRESS OF	FACILITY		
	Meegay (.	Heeling &	Je-	Sterling's Fur	eral Home, S	omerset Av	e., Crisfield, Md
	23. PART I. Enter the diseases, or	complications that caused	tha death. Do not	antar the mode of dying, a	uch as cardiac or re	apiretory arrest,	
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on as	nch line.	Λ .			Interval Between Onset and Death
1 1	disease or condition resulting in death)	. 6	volio raspura	Try Horist			2.5
-	,	DUE TO (OR AS A	CONSEQUENCE OF):	MILL	.1		
NO	Sequentially list conditions,	b	CONSEQUENCE OF):	d'lalignent 1	Alusina		
TA.	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE OF ).				
윤	CAUSE (Disease or Injury that initiated events	CDUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in death) LAST	d					
	PART II. Other algnificant condition	ne contributing to death b	ut not resulting in t	he underlying cause given	In Part I. 24e, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
묘						2 ₹ NO	OF DEATH?
2 2							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		1-	26. PLACE OF DEATH	(Check only one)		
VSIC	1 TYES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outp	etlent 3 DOA 4	THER:  Nursing Home 5 Residen	ice 6 🗆 Other (Specify)		
H	27. MANNER OF DEATH  1 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	255 TIME O	WORK?	28d. DESCRISE HO	W INJURY OCCUR	EO
B	2 Acoldent Investigation	AL RI AGE OF BLEET		1 YES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building etc. (Spec	— At nome, farm, stre-	er, ractory, office	28f. LOCATION (Str City or Town, St		surai Pioure Number,
<u> </u>	29a, CERTIFIER AND CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR			la viera estabati i la esca		-201 — 1883 B	
COMPLETED	(Check only			it the time, data and place, and in my opinion, death occured at			use(a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE	10					
BE	250. SIGNATURE AND THE OF CENTIFIE	Nam		29c. LICENSE	5715		GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)		1 1	
	Dr. William G	ill, Rt. #413	3, Crisfie	1d, Md. 2181	/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					
1 1	APR 1 6 '90	quie David	son-Randelle				

Ruby 4. SOCIAL SECURITY NUMBER 172-64-6843 90. FACILITY NAME (If not Instit. Memorial Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston Horieston	Kay s. sex	Laffe	***					MONTH	DAY	YEAR			
172-64-6843 90. FACILITY NAME (If not institute the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion of the notion	s. SEX		LLY					5	4	90	1 8:5	8AM	M
96. FACILITY NAME (If not institu Memorial Ho	1 1 M 2 1 7 F	6. AGE (In yrs.		IF UNDER 1 Y		IF UNDER 2		7. DATE OF BIRTH	1	8. BIRTI	HPLACE (S	tale or Forei	gn
Memorial Ho	1 - m - Lat.	20	YRS.	MONTHS D	AYS H	10URS	MIN.	(Month, Day, Yes		Count		lvani	
RESIDENCE OF DECE	ition, give street end number)			9b. CITY, TO	OWN OR	LOCATION	N OF DE			COUNTY OF		I vaii	<u>. u</u>
100. STATE 100 Penn				Cumbe	erla	nd M	ſd		A.	l1egar	ny		
	Bedford			ry, town on t lanns (						1	10d. INS LIM 1 TYE	IDE CITY	0
Rt 1 Box 47	'5				10f. Z	1555	50		10g.	USA	WHAT COL	INTRY?	
11. MARITAL STATUS 1 X Never Merried 2 Me 3 Widowed 4 Divorce	IF YES, GIVE	INT EVER IN U.S. 1 YES 2 WAR OR DATES	IX NO	If yo	es, speci		, Mexica	IC ORIGIN? (Specif n, Puerto Rican, etc. :		- 14. RAC Blac Spec Whi	ok, White, e offy:	ican Indian, Hc.	
	ENT'S EDUCATION ghest grade completed)	16a.	DECEDENT'S	USUAL OCCU	JPATION	of undina		16b. KIND O	BUSINESS	/INDUSTRY			
Elementary/Secondary (0-12		3+)	life. Do NOT u	work done duri use retired.)	ng most (	or working							
	1		Stud	dent									
17. FATHER'S NAME (First, Middl	e, Last)				3	16. MOTHE	ER'S NAI	ME (First, Middle, M	iden Surnan	ne)			
Reuben R.	Lafferty						Bar	bara K.	Holl	er			
19e. INFORMANT'S NAME (Type	1111		19b. MAILING	G ADDRESS (S	treet and	Number o	or Rural F	loute Number, City o	r Town, State	, Zip Code)			
Barbara K.	Lafferty		R D	1, Box	475	ō, Ma	anns	Choice	PA	15550	)		
20a. METHOD OF DISPOSITION 1   Suriel 2 □ Cremetion 4 □ Donation 5 □ Other (Sc	3 - Removal from State	othe	er place)	t Ridg						N — City or T ffalo			A
21. SIGNATURE OF FUHERAL S		/	casan			ADDRES	-		, 50	11410		,	-
Halley	# Louck	~						igler Fu Hyndma				6	
23. PART I. Enter the blee	asea, or complications ti	nat caused the	death. Do								Ap	proximat	
IMMEDIATE CAUSE (Final	t fallure. List only one c											terval Bet nset and I	
disease or condition	Mult	ple Che	est tr	auma								30 mi	nu
resulting in death)	aDUE 1	O (OR AS A CO	NSEOUENCE (	OF):							-		
Sequentially list condition if any, leading to immedia		O (OR AS A COR	NSEQUENCE (	OF):									
cause. Enter UNDERLYING CAUSE (Disease or Injury													
that initiated events	DUE 1	O (OR AS A CO	NSEOUENCE (	OF):									
resulting in death) LAST	d												
PART II. Other significant	conditions contribution	lo death but n	ot moulting	In the unde	elylna	ceuse of	lunn In	Port I 240 W	S AN AUTO	pev Ta	h WEDE A	JTOPSY FINI	ONICE
TAIT II. OHIOT ORGANICANI	- Continuing	io doubli but ii	iot resulting	in the union	mrymig .	cause gi	17411 111		REORMED	2	AVAILAB	LE PRIOR TO	0
				-				1 TY	ES 2 N	٥	OF DEAT		USE
											1 TYE	S 2 NO	)
25. WAS CASE REFERRED TO A EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF DE	ATH (Ch	eck only one)					_
YES 2 NO		ER/Outpatier		4 - Nurein			idence	6 Other (Specify	)				
27. MANNER OF DEATH	28e. DATE	OF INJURY O Year)	28b. Til	ME OF 25 SUUBY 55AM	Bc. INJUI	K?	,	Aut omob	T P a	occured	nt .		
1 Netural 5 Pe	estigation				1 YE	S 2	ίνο			ccide			
	uld not be ermined Stat	g, etc. (Specify) e road	Al home, farm,	, street, factory	y, office			Rt 96-	treet end Nu State) South	nber or Rural	South	mile of H	şn
290. CERTIFIER 1 CERTIF	rING PHYSICIAN: To the best	of my knowledge	e, death occur	rred at the time	e, date e	nd place,	end due	to the cause(s) an	d manner e	stated.		1	A
CONDUM DINY	L EXAMINER: OF DIE basis o										(s) and ma	nner es sta	ted.
291-BIGHLATURE AND TITLE OF						26c, LICE				DATE SIGNE			
(TXOM	17/				1	D 0			b			red many	
30. HAME AND ADDRESS OF P	EDGLIE MINO COMO ELLE O	UNE OF DEATH	OTEM OF CO.	n floir		D O	213			5/4	/90		
Paul Snow, M	이 유명이 하는 것이 되었다면 보고 있는 아이트를 받는데 없다.			W 3rd	St /	Cumh	MA	21502					
31. DATE FILED (Month, Day, Yes		BAR'S SIGNATU	+44	" JIU	טנ ו	Gumb	DIT	21302	-				

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dect, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ì	y th	90	5
	D.	PE	Pe
	taine	Shoc	ill in
	80	40	2
'n	y b	page	9
	S ma	tor.	25
	96	irec	E
	2	100	lhe
	death	fune	жап
i	after	y the	cal
	13	in D	ed
	100	lled .	E 3
	in 24	ely fi	Ē.
,	with	crem	vent
	urted	con nal.	Ce
)	Dave	and o	nat
	2	cian for th	rant
	icate	physi ne pri	er t
	ertifi	gien	=
	ath c	al Hy	0
	e des	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal,	jun,
	at th	by t	y in
)	ST	aft the	9
)	Juire	Res	OW.
	V rec	t. of	5
1	WE B	has	1 23
	Ē	cate	Item
	CIAN	the S	10
	HYS	SIS C	ed,
	IG P	ath v	mari
	NON	A At	60
	TE	afte afte	28
	DR A	DIRE	me
1	IAL	AL Z	Ξ
	SPIT	NER.	Ë
	오	F	MI
	出	THE	8
	2	2 3	Ξ

10

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
11)		2. DATE OF DEATN	

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTM CERTIFIC			MENTAL	HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)		10			2. DATE C			YEAR	3. TIME OF OEATH
	ANGELA MARIE	LOHR	197			0.5		0 6	90	2:10am
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTN Day, Year)		Country	
	177169733  9a. FACILITY NAME (If not institution, give s	1 M 2 K F	85 YRS.		R LOCATION OF DE		-15-	90.4		NSYL VANIA
TOR	SACRED HEART	HOSPITAL		CUMBE	RLAND			ALL	EGA	NY
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY			OWN OR LOCATI	ON					10d. INSIDE CITY LIMITS? 1 YES 2 V NO
١	106. STREET AND NUMBER	IFUKU	I DEUI		ZIP CODE			10g. CITIZ		HAT COUNTRY?
NER/	R.D.#3				15522			USA	<u> </u>	
BY FU	11, MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexica 2 (X) NO Specify	n, Puerto Ri		or No—	14. RACE Black, Specify	- American Indian, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos	N It of working	16b.	KIND OF BU	SINESS/INDL	USTRY	
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	HOMEMA			1	HOME			
S	17. FATNER'S NAME (First, Middle, Lest)				18. MOTHER'S NA			Surname)		
BE	GEORGE SCHOMER				ANNA S					
6	198. INFORMANT'S NAME (Type/Print)  JAQUELYN MURPHY				176-BED					
- 1	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI	ON (Name of cen		T UND .		CATION — C		vn, State
	1 Burial 2 N Cremation 3 Rem 4 Donalion 5 Other (Specify)	oval from State	OMPS CREA							VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LI	censee Joshunch	,		E-UCPHUR REENE ST					
	23. PART I. Enter the diseases, or	complications that car	used the death. Do not	enter the mo	de of dying, suc	h as card	ac or resp	iratory arre	est,	Approximate
	shock, or heart fellure.  IMMEDIATE CAUSE (Final			0						Onset and Death
	diseese or condition resulting in death)			Vneu	monie	7				days
		DUE TO (MA	AS A CONSEQUENCE OF):							,
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	b. DUE TO (OR	AS A CONSEQUENCE OF):							
CAT	cause, Enter UNDERLYING CAUSE (Disease or injury	C								
	thet initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):							
띩		d								<del> </del>
PHYSICIAN: MEDICAL	PART II. Other significent condition	responsibilities to dea	th but not resulting in t	he underlying	cause given in	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ						-				1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one	<del>)</del>			
Sic	EXAMINER?	HOSPITAL:		THER:	5 Residence	6 🗆 Other	(Specify)			0
PHY	27. MANNER OF DEATN	28a. DATE OF INJI (Month, Day, Y	JRY 28b. TIME C	F 28c. INJ Y WO	URY AT RK?	28d. DES	CRIBE NOW	INJURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	10000000			ES 2 NO					
8	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — Al home, farm, stre (Specify)	et, factory, offic	1		TION (Street or Town, State	and Number )	or Rural R	oute Number,
COMPLET	onel	W. 170	knowledge, death occurred a							
CO	2   MEDICAL EXAMINI		nation and/or investigation,	in my opinion, d			and placa, a			
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	Duck			D33		)	29d. DATE	SIGNED	(Manth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE C	F DEATN (ITEM 27) (Type, Pr.	int)	2 35	280		1	10	190
	SUNIL GUPTA, M.	D. 69 G	REENE STREET		ERLAND,	MD :	21502			
	31. DINE ALAD (2017, 1990)	A SHOP THANK	PONTONE							

'n.
46
3
×
80
0
0
σ.
Ś
RECORDS
Ö
O
2
٢
VITAL
5
H
0
O
S
5
0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should he filled within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N					EALTH AND DEATH	MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, DONALD		RVEY	LEWI	S				MONT	OF DEATH		YEAR	3. TIME OF DEATN 2047 N
4. SOCIAL SECURITY NUMBER 2 14-34-5625		5. SEX 1 X M 2 C F	8. AGE (In yrs. 53		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE	OF BIRTH	1936	Count	IPLACE (State or Foreign TY) RYLAND
A. FACILITY NAME (If not ins			T				BURY	EATH		9c. COUN	COM	
PENINSULA G RESIDENCE OF DEC 100, STATE			.L							MI	COFT	
MARYLAND		OMICO			ILLA		ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	NIE CTI	ייישישט				101	ZIP CODE 2187	/1		10g. CITIZ	USA	WHAT COUNTRY?
BOX 48A, PI  11. MARITAL STATUS  1 Never Married 2 X  3 Wildowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W NAVY	X YES 2			If yes, sp	ENDENT OF HISPA	NIC ORIGIN		or No—	14. BAC	E — American Indian, k, White, etc.
(Specify only	EDENT'S EDU	CATION completed)		DECEDENT'S (Give kind of w life. Do NOT us	rork done	CCUPATIO	DN at of working	16b	. KIND OF BUS	SINESS/IND	USTRY	WHITE
Elementary/Secondary (0-	-12)	College (1-4 or 6 +	)	PURCHA		G AG	ENT		POU	LTRY		
17. FATHER'S NAME (First, Mi		O.I.D					18. MOTHER'S NA			Surname)	11110	CON
AMOS  198. INFORMANT'S NAME (7)		OYD	LEW		ADDRESS	S (Street a	VIOLA nd Number or Rural		ber, City or Town	n, State, Zip	HUD Code)	SUN
MARY ELLEN			S	BOX 48	3A, 1	PINE	ST, WIL	LARD	S, MD	2187	4	
20a. METHOD OF DISPOSITI 1 X Burial 2 Crematio 4 Donation 5 Other	n 3 🗌 Ram	25/90 loval from Stata	other	place)			netery, crematory or L PARK			CATION —		
21. SIGNATURE OF UNERAL	service/s	CHAR.	Preco	ep			WAY FUNE				, MD	21801
IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition	ons,	a. E / Cell  DUE TO	se on each i	De D	le F		1					Approximate interval Betwee Onset and Deat
if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in deeth) LAS	NG ry	c. Que TO	OR AS A CONS	SEOUENCE OF	0	-d	ed!	50	ec.	_		Ger
PART II. Other algolfice	nt condition	na contributing to	deeth but no	ot resulting i	n the u	nderlyin	g ceuse given ir	Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. Pt	ACE OF DEATH (C	heck only o	na)			
1 TYES 2 NO		HOSPITAL:		-		sing Horr	e 6 🗆 Rasidence	6 🗆 Othi	er (Specify)			
	Pending Investigation	26s. DATE OF (Month, D		26b. TIM	E OF URY M		URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW I	INJURY OC	CURED	
3 Suicide 6	Could not be determined	28e. PLACE C building,	F INJURY — At etc. (Specify)	home, farm, s	itreet, fac	tory, offic	•	26f. LOC City	CATION (Street or Town, State)	and Number	or Rural	Route Number,
torious only		ICIAN: To the best of ER: On the basis of a										s) and menner as stated.
29b. SKOMANUNE AND TITLE							29c. LICENSE NU	IMBER		29d. DAT		) (Month, Day, Year)
John	8	De	عوا	-			D02	020		1 7	1/0	13/8
30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAU	SE OF DEATH (	TEM 27) (Type,	Print)	20	DOZ	le	Car	100	-	
APR 96 '90	Year)	32 REGISTRA	R'S SIGNATUR	E	-						0	

2. DATE OF DEATH DAY April 7 1990

7. DATE OF BIRTH (Month, Day, Year)

12-22-1890

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

578 66 6151

Iva M. Mansfield

5. SEX

1 - M 2 - F

1 -

	24 hours
6,	within
1314	be executed within 2
×	2
L RECORDS, P.O. BOX 13146,	ertificate
Р.	death o
S	the the
E	res that the o
SECO	requires
-	AND N
VITAL	The
5	
OF VITAL	PHYSIC
DIVISION	ATTENDING PHYSICIA!
5	8
_	SPITAL

	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF DEATH		9c. COUNTY	OF OEATH				
N. RO	2503 Kayhill La	ne		Bowie			Prince George's					
5	RESIDENCE OF DECEDENT  16e. STATE 10b. COUNT	y	10e CI	TY, TOWN OR LOC	ATION				INSIDE CITY			
DIRECTOR		ce George's			ATION .				LIMITS?			
	10e. STREET AND NUMBER	de George S	1 100	wie	Of, ZIP CODE		10g. CITIZEN		YES 2 NO			
A.	2503 Kayhill Lane											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN 11 S A DMED	12 WAS DE	20715 CENDENT OF HISPANIC OF	UCINI2 (Paralle V	United		tes merican Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	pecify Cuban, Maxican, Pua S 2 NO Specify:			Black, Wh	Ite, etc.			
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAN ON I	No	No		Specify:	hite					
	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)		S USUAL OCCUPAT		16b. KIND OF BU	JSINESS/INDUST	RY				
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)								
COMPL	12 Pressman Stamp Division U.S. Gover											
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (F	irst, Middle, Maide	n Surname)					
BE	Frank Emil Nu	ssbaum			Mary Ella	a Tycer						
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Route							
-	Donald L. Stewar	t	2503	Kayhil:	l Lane Bow:	ne Bowie Marylan		Vand 20715  LOCATION — City or Town, State				
	20a. METHOO OF DISPOSITION	oval from State	b. PLACE OF DISPO	SITION (Name of c	emetery, cremetory or							
	4 Donation 8 Other (Specify)		Glenwo	od Cemet	Vashing	ton I	O.C.					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME	AND ADDRESS OF FACILITY							
	- KNUST 6	EIRIMA	Pres.		all-Evans Fu							
	23. PART I. Enter the diseases, or a	complications that cause			000 Annapoli				Approximata			
	shock, or heert fellure. Liet only one ceuse on each lina.											
	disease or condition resulting in death)  a. OUE TO (OR AS A CONSEQUENCE OF):  Advanced Alz Leimen directly  b. DIE TO (OR AS A CONSEQUENCE OF):  A consequence OF):  But TO (OR AS A CONSEQUENCE OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequence OF):  Consequenc											
	Advanced Al, Leinen direare											
0												
¥	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE (	OF):								
	resulting in death) LAST	d										
31	PART II. Other algnificant condition	ne contributing to death	but not resulting	in the underlyi	ng cause given in Part	I. 24n WAS A	N AUTOPSY	24b. WFF	RE AUTOPSY FINDING			
3	,					DEDE/	PRMED?	AWA	LABLE PRIOR TO			
MEDICAL	Perger	and Vas	0	1 TYES	2 NO		DEATH?					
	- 00	Zent itu	· ue	el				1 [	YES 2 NO			
Ž		T										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Check or	nly one)						
YS	1 YES 2 NO	1   Inpatient 2   ER/Out			ome 5 - Residence 6 -							
PHY	1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)		IJURY V	VORK?	DESCRIBE HOW	INJURY OCCUR	EO				
B	2 Accident Investigation				YES 2 NO							
. 1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	IY — At home, ferm, ecify)	street, factory, of	lice 281.	City or Town, State		Rurel Route	Number,			
립		ICIAN: To the best of my kno	wiedge, death occur	red at the time, de	te and place, and dua to th	e cause(a) and m	anner as stated.					
COMPLETED	2 MEDICAL EXAMINI	ER: On the basis of examinati	on and/or investigat	ion, in my opinion,	death occured at the time,	data and place,	and due to the ca	euse(a) enc	I menner as stated			
BEC	296. SIGNATURE AND TITLE OF GERTIFIE	R DI	0	l. 0	29c. LICENSE NUMBER	200	29d. DATE SI	GNEO (Mor	nth, Day, Year)			
	17 cm	- OUL	ora	m)	0220	28	1 4	9	90			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							. '			
	APR 17'90	Gulia Davids	n-Randell	•								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

HOURS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS

99 YRS.

90 12980

3. TIME OF OEATH

Washington D.C

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

**Approximata** Interval Between Onset and Death

8. BIRTHPLACE (State or Foreign

9:00 A.M.M

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital properties of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached that a comparing the death with the State ham of Heath and Mental Howiere prior to burial, comparing or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
v the	e de	10
E.	ple b	b
tain	Shor	1
e e	ge 5	-
may	, pa	st b
9 9	acto	E
Pag	a di	ner
eath.	funer	Eex
fter d	the part	9
IIS a	Te Dy	ed
3	Bed	E
	ety fi	5
with	nplet	Veni
both	d Cor	ic e
Bree	n and	ша
e be	Sicial	Tal
pificat	phy ane	her
59	Hvni	0 10
death	atte	2
the	the My	를
that	ed by	amy
Jires	Sign	3
regi	peed	Short
e law	has I	23
E.	cate	Her.
ICIAN	the the	6
HYS	this c	Ked
NG	fter 1	Ta T
ENDI	R: A	.00
TIM	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill within 29 hours after death with the State Dear of Health and Mental Hydriene prior to build, cremation, or removal	1 28
OR .	DIR	9
PITAL	RA	1
F08	FUN	AN
THE	里	P. P.
-	724	ξΞ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

140									20	I bin	201
FOR 1 - STATE REGISTRAR		STATE OF MA				HEALTH AND	MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First	t, Middle, Last)	_			AIL OI	DEATH	2. DATE OF DEATH			3. TIME OF DE	ATH
Thor	nas	O. Mor	arre	(MORA)	ODE)		April 09	AY 1	990	5:15	a.th
4. SOCIAL SECURITY NUMBER			AGE (In yrs. let	st birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHE	PLACE (State or	
577 14 5673	3	1 □XM 2 □ F	92	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-1-1898		Buch	arest,	Roman
9a. FACILITY NAME (If not in	nstitution, give :	street and number)		9	b. CITY, TOWN	OR LOCATION OF DE			NTY OF DE		
Doctor's Ho	ospita.	1			Lanha	m Mary	land	Pri	ice G	eorge's	S
10e. STATE	10b. COUNT			10c, CITY,	TOWN OR LOC	ATION				10d. INSIDE CIT	TY
Maryland		e George's	3	Glen	n Dale					1) YES 2	] NO
10e. STREET AND NUMBER					1	of. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY	?
5810 Bell S	tation					20769				States	
11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDENT E	YES 2				NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	a or No-		<ul> <li>American in</li> <li>White, etc.</li> </ul>	dlen,
3 Widowed 4 Dive		IF YES, GIVE WAR	OR DATES	WI	1 🗆 YI	S 2 NO Specif	y: No		Specify	White	4
	CEDENT'S EDU		16a, DI	ECEDENT'S US	SUAL OCCUPA	ION	16b. KIND OF BU	ISINESS/IN	DUSTRY		
(Specify on Elementary/Secondary (	ly highest grade 0-12)	completed) College (1-4 or 5 +)	(G	live kind of wor L Do NOT use	rk done during r retired.)	nost of working					
12	,	4	0.0	mer			Music S	Store			
17. FATHER'S NAME (First, A	Alddle, Last)					16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)			
Unavailab	1e	Morar				Unavai	lable		Unava	ailable	4
19a, INFORMANT'S NAME (	Type/Print)		19	b. MAILING A	DDRESS (Stree	and Number or Rural	Route Number, City or To-	vn, State, Zi	p Code)		
Ruth Mora	rre		5	810 B	ell St	ation Roa	d Glenn Da	ale M	d. 20	)769	
20a. METHOD OF DISPOSIT  1 Burial 2 Crematic  4 Donation 5 Other	on 3 🗆 Rem	noval from State	other p	lece)		emetery, cremetory or emetery			City or Tow	wn, State aryland	
21. SIGNATURE OF FUNERA		CENSEE	101	C DIII	22. NAME	AND ADDRESS OF FA	CILITY			ilyland	
- KALION	+ 8	EIRING	· P				Funeral Ho	-			
23. PART I. Enter the	1000000000	complications that a	,   /	ws.			lis Road 1				
		List only one cause			t enter the n	lode or dying, suc	n as cardiac or resp	Hratory at	rest,		Between
iMMEDIATE CAUSE (Fill disease or condition	nei	C	004	1	T					Onset a	nd Death
resulting in death)	$\rightarrow$	a. CERE	R AS A CONSE	C 1	SCH	CMIA				64	Etil
		S	H AS A CONSE	OUENCE OF):						6	. Add CC
Sequentielly list condi-		b. DUE TO (O	R AS A CONSE	OUFNCE OF:	EPTIC	U-5				100	18019
If any, leading to imme cause. Enter UNDERLY		City	20116	00	< TO I	MADIE /	UNIG- DIS	سلادي	-	12.5	4 APR
CAUSE (Disease or injuthat initiated events	ury	DUE TO (O	R AS A CONSE	OUENCE OF):	3 1190	21100 0	0,000	07		1	-
resulting in death) LAS	ST .	à									
PART II. Other aignifica	ant condition	ns contributing to de	eth but not	reaulting in	the underly	ng cause given in	Part I. 24s. WAS AI PERFO	N AUTOPSY	246.	WERE AUTOPSY AWAILABLE PRICE	OR TO
							1 YES	2 40		OF DEATH?	F CAUSE
							_			1   YES 2	ОИ [
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:		1	28. OTHER:	PLACE OF DEATH (C/	heck only one)				
1 TYES, 2 NO		1 inpetient 2 E		3 DOA	l 🗆 Nursing H	me 5 🗆 Raaldenca			9.1		
27. MANNER OF DEATH  1 Netural 5	Pending	28e. DATE OF IN (Month, Day,		26b. TIME INJUI	RY I	VORK?	28d. DESCRIBE HOW	INJURY OC	JUHED		
2 Accident	Investigation	24 PLACE OF	AL MARRY AA A			YES 2 NO					
3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE OF I building, et	c. (Specify)	ome, farm, str	wet, nectory, or	ad .	28f. LOCATION (Street City or Town, State		W OF HUMB! H	oute Number,	
29s. CERTIFIER 1 CER	ITIFYINO PHYS	SICIAN: To the best of m	y knowledge, d	eath occurred	at the time, de	te and place, and du	s to the cause(s) and mi	inner as st	nted.		
one)		ER: On the basis of exar								) and manner a	s stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER /				29c. LICENSE NU	MBER	29d. DA	TE SIONED	(Month, Day, Yes	ar)
71.	V	130h	0-1	MAK		Doos	-74	► A	2011	- 4	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NORMAN

BowlE

'90

Julia Tavidson-Randall

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  BALTIMORE, MARYLAND TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Lest)	minne	2. DATE OF DEATH MONTH DAY

_	1124101110111					10/11		067			EG. NO.			
	1. DECEDENT'S NAME (First,									2. DATE OF	DEATH DA	NY.		3. TIME OF DEATH
			mino	R						4	10		90	G4/p M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF I		/		
	214–36–420		1 🗌 M 2 🔀 F	71	YRS.		i mili	731		12	/14/	18	WASH	INGTON, D.C.
_	9a. FACILITY NAME (If not in					9b. CITY			ION OF DE	ATH /	/ .	9c. COU	NTY OF DE	ATH
PO	Prince gen	rac's 1	Hosp ctr.				Ch	-vor	ly				PG	
2	10a, STATE	10b. COUNTY			10c. CI	ry, rown								10d. INSIDE CITY
DIRECTOR	MARYLAND	PRINC	E GEORGE	15				SVILI	F					LIMITS?
						11,	_	1. ZIP COD	E			10g. CIT		**
R.	5314 EMERS	ON STR	REET						207	781			U.	S.A.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DE	CENDENT (	OF HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14, RACE -	- American Indian,
	1 Never Married 2		FORCES? 1	YES 2 X	NO		If yes, sp	ecify Cubi	en, Mexica Specify	n, Puerto Rice	n, atc.)			White, etc.
ВУ	3XXWidowed 4 □ Divo	rced												DEFICIT
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)		Give kind of	work done	CCUPATI during m	ON ost of worki	ing	18b. KIP	ID OF BUS	SINESS/INI	DUSTRY	
E	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	te. Do NOT u						_			
MP	7th grade	feldia (Leas)			louse	vire						nesti	C	
	JOHN W. HE	NDERSC	N					18. MOT	EOLA	ME (First, Midd BELL	le, Maiden	Sumame)		
H	19a. INFORMANT'S NAME (7	ime/Print)			ION MARIN	G ADDRES	S (Street	and Numbe	r or Rural I	Route Number,	City or Town	n State 71	in Code)	
2	DOROTHY M									YATTSV				701
	204 METHOD OF DISPOSIT	ION		20b. PLAC							20c. LO	CATION -	City or Tow	m. State
	Activities 2 Crematic	(Specify)	oval from State	HAT	E OF DISPO	MEMO	RIA	L CEN	ETER	RY	LAN	<b>IDOVE</b>	ER, MA	ARYLAND
	21. SIGNATURE OF FUNERA	Catayof Lic	ENSEE //			22.	RYM 1	NT NORE	STOWN THE	RAL HO	MF.	TNC.		
	*196	the	1/01											- 00010
	23. PART I. Enter the d	named by	complications the	t caused the	death Do	not ente	433	HUN	I. H	ACE. I	V.E.	WASE	D.C	C. 20019
	ahock, or h	one influre.	List only one car	ise on each ii	ne.	not gring	Criga III	oud of u	mig, suc	ii as cardiac	oi reopi	notory an	root,	Interval Batween
	IMMEDIATE CAUSE (Fir disease or condition	lei	A	. 1			1							Onset and Death
-	resulting in death)	<b>→</b>	a. DUE TO	UCO PA	EOLIENCE (	ישר	your	resT						
_			a. Cay DUE TO b. Ac DUE TO C. OUE TO	ute !	Rem		_	fu	lu	a )				
2	Sequantielly list condit if any, laeding to imme	ions,	DUE TO	(OR AS A CONS	EOUENCE (	OF):	7	0		20				
S	cause, Enter UNDERLY CAUSE (Disease or inju	ING	a Chin	uic o	654	net	ne	The	Una	my 1.	Irra	350		
CERTIFICATION	that initiated events resulting in death) LAS	,	OUE TO	(OR AS A CONS	EOUENCE (	OF):								
EH	resulting in daetil) EAS		d											
	PART II. Other significe	nt condition	s contributing to	death but no	reaulting	in tha u	nderlyir	ng cause	given in	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS
EDICAL											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										_   '	123			OF DEATH? 1 ☐ YES 2 🔂 NO
2										_				
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. F	LACE OF	DEATH (Ch	eck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 R	leeldence	6 Cher (S	pecify)			
Ě	27. MANNER OF DEATH		28a. DATE Of (Month, I		28b. TI	ME OF		JURY AT ORK?		28d. DESCR	BE HOW I	NJURY O	CCURED	
ВУ	1 Netural 5 Accident	Pending Investigation				М		YES 2	□ NO		7			
	3 Suicide 8	Could not be	28a. PLACE ( building	OF INJURY At atc. (Specify)	home, farm,	street, fac	ctory, offi	ce		26f. LOCATIO	ON (Street a		er or Rural Ro	oute Number,
E	4 Homicide	determined												
		TIFYING PHYS	ICIAN: To the best o	f my knowledge,	death occur	red at the	time, dat	e and plac	a, and due	to the cause(	a) and mar	nner as st	ated.	
COMPLETED	one) 2 MED	ICAL EXAMINE	ER: On the beals of	examination and/	or investigat	lon, in my	opinion,	death occu	ured at the	time, data and	d place, an	nd due to t	the cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE							ENSE NUI			29d. DA	TE SIGNED	(Month, Day, Year)
TO B	Linns	- 6	ohurs.	ky				DI	716	2_			4/11/	190
F	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAC	SE OF DEATH (I	TEM 27) (Typ	e, Print)							,	
		whith	MD	9	556	C	CAI	N	Hary	Uppe	e m	my 6	1 200	40 28772
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE	5	1 00								140 40 28772 DHMH-16 Rev 1/89
	KDD	1 2 100	1	lia Nevide	un-Na	ndalile								
	VDD.	100	, 1											DHMH-16 Rev 1/89

•	1 - STATE REGISTRAR	SIAIE UF M	C	<b>ERTIF</b>	ICATE	E OF	DEAT	ГН		REG. NO.				
	1, DECEDENT'S NAME (First, Middle, Last)									OF DEATH		YEAR	3. TIME OF DEATH	
1	Lulu	В.		1	Myers	S	-		4-	4 <b>-</b> 90 ™	W	YEAR	8:50PM M	
	4. SOCIAL SECURITY NUMBER 213-56-5239	5. SEX 1  M XXX F	6. AGE (In yrs. In 43	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		о <del>г віятн</del>		8. BIRTH Count	HPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUNTY OF DEATH			
	4281 58th Ave	nue			B)	lade	nsbu	rg			Prince Georges Co.			
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	v		I son CIT	Y, TOWN C	D I OCATI	1041				10d, INSIDE CITY			
	Md.	P.G.			Laden	sbur	g						1 TYES TO NO	
	100. STREET AND NUMBER 4281 58 th Avenue, A	Apt. A.		10f. ZIP CODE 20710						US		WHAT COUNTRY?		
	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED						I? (Specify Yea	or No—	14. RAC	E — American Indian, ck, White, etc.	
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		NO		1 TYES	Z NO	Specify	(;	Ricen, etc.)			** White	
	15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S Give kind of	USUAL O	CCUPATIO	N 1 of workin	na	16b	. KIND OF BUS	BINESS/IND	USTRY		
	Elementary/Secondary (0-12)	Callege (1-4 or 5 +	. IH	iss Te	se retired.)					Priva	te			
	17. FATHER'S NAME (First, Middle, Lest)  ISSACC . Myers									Middle, Meiden Brage				
ı	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town				
	Karen S. Myers			9201	Croc	kett	: Pla	ace,	Jppe1	r Marl	boro,	Md.	20772	
	20a. METHOD OF DISPOSITION XX Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	206. PLACE Wash	of Dispo	on Na	at'l	Ceme	etery		Su	cation — itlar	nd, M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	A							e Fun			e,Inc.	
ļ	> Geranne	Q L	ales	_	129	33 _t C	$\lim_{n\to\infty} M$	Alex	37361	r Ferr	y Roa	ad		
٦	23. PART I. Enter the diseeses, or	complications that												
	Shock, or heart failure.	List only one ceu	ee on eech iin	le.			de of dy	ing, suc	h as can	diec or respi	ratory arr	rest,	Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	HYPERGLY(	ce on each lin CEMIC K	ETOAC	CIDOS RDIOV	SIS				diec or respi	ratory arr	rest,	Interval Between	
	Jshock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	HYPERGLY(  ADDITION OUE TO  b.	ce on each lin	ETOAC	CIDOS POIOV OF):	SIS				diec Dr respi	ratory arr	rest,	Interval Between	
	Ushock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	HYPERGLY( ADDIEDICE OUE TO  D. OUE TO	ee on eech lin CEMIC K CI PROTI	ETOAC  C CAL  EQUENCE O	CIDOS DDIOL DF):	SIS				diec pr respi	ratory arr	rest,	Interval Between	
	Sequentisily liet conditions, if any, lesding to immediate ceuse. Enter UNDERLYING	HYPERGLY( ADDIEDICE OUE TO  D. OUE TO	ce on each lin	ETOAC  C CAL  EQUENCE O	CIDOS DDIOL DF):	SIS				diec or respi	ratory arr	rest,	Interval Between	
	Sequentisity liet conditions, if any, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. OUE TO  DUE TO  DUE TO	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSE	ETOAC  CAL  EQUENCE O  EQUENCE O	CIDOS DISTOV PFI:	SIS PACCE		DIG	2452	diec or respi			Interval Between	
	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	b. OUE TO  DUE TO  d	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI desth but not	ETOAC  CALL  EQUENCE O  EQUENCE O  resulting	CIDOS DITOL	SIS PACCE		DIG	2452		AUTOPSY MMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentisity liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth)  PART II. Other significent conditions.	b. OUE TO  DUE TO  d	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI desth but not	ETOAC  CALL  EQUENCE O  EQUENCE O  resulting	CIDOS DITOL	SIS PACCE		DIG	2452	24e. WAS AN	AUTOPSY MMED?	241	Interval Between Onset and Death  Death  B. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	Sequentisily liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in deeth)  PART II. Other significent condition.  ARTERIOSCLEROTIC	List only one ceu HYPERGLY(  APPENION OUE TO  C. DUE TO  d	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI desth but not	ETOAC  CALL  EQUENCE O  EQUENCE O  resulting	CIDOS DITOL	ASCU	j ceuse	DISI	2452	24a. WAS AN PERFOR	AUTOPSY MMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentisily liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initisted events resulting in deeth) LAST  PART II. Other significent conditions ARTERIOSCLEROTIC	b. OUE TO  DUE TO  d	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI  desth but not ASCULAR	ETOAC  C CAL  EQUENCE O  EQUENCE O  Tesulting	CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CI	nderlying  2e. PL	ceuse	DISI	Part i.	24a. WAS AN PERFOR	AUTOPSY MMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentisity liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth)  PART II. Other significant conditions ARTERIOSCLEROTIONS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  NEXT S 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	List only one ceu HYPERGLY( APPERIOS OUE TO  DUE TO  d. C. DUE TO  d. CARDIOV  HOSPITAL:	ee on eech lin CEMIC K CI PDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI desth but not ASCULAR	ETOAC CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CIDOS  CI	26. PL Paing Home	Couse  ACE OF C	given in	Part I.	24e. WINS AN PERFOF YES 2	AUTOPSY RMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Sequentisity liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth)  PART II. Other significent conditions ARTERIOSCLEROTIONS.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXXES 2 □ NO  27. MANNER OF DEATH	List only one ceu HYPERGLY(  APPERION OUE TO  DUE TO  DUE TO  C.  DUE TO  C.  DUE TO  C.  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO  28a. DATE OF (Month, D.)  28a. PLACE O	ee on eech lin CEMIC K CI PDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI desth but not ASCULAR	ETOAC C CAL EQUENCE O  EQUENCE O  FOUNDED  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  TO SERVICE O  T	OTHE ASE	26. PL R: rsing Hom 28c. INJ WO	ACE OF LURY AT RK?	given in	Part i.  eck only or  8  Othe  28d. DE	24e. WIRS AN PERFOR	AUTOPSY MMED?  NO NO NJURY OCC	244	Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXX YES 2 NO	
	Sequentisliy liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth)  PART II. Other significant condition.  ARTERIOSCLEROTIO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXXES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER Chinck only	List only one ceu HYPERGLY  at PERIOD  OUE TO  DUE TO  DUE TO  C.  DUE TO  d.  HOSPITAL: 1   Inpetient 2    28a. DATE OF (Month, D.)  28a. PLACE O building.	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI  desth but not ASCULAR  DER/Outpatient INJURY my, 'bar')  FINJURY — At hetc. (Specify)  my knowledge, or	ETOAC  C CAL EQUENCE O  EQUENCE O  FEGUENCE O  Teaulting  DISH  3 DOA  28b. Tin IN	OTHEL A CHARLES  OTHEL A Nur ME OF JURY M  street, fact	26. PL R: rsing Hom 28c. INJ WO 1 1 1	ACE OF I	given in	Part i.  eck only or  5 Oth  28d. DE	24a. WAS AN PERFOR	AUTOPSY RMED?	CURED r or Aural	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH XXX YES 2 NO	
	Sequentisliy liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth)  PART II. Other significant condition.  ARTERIOSCLEROTIO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXXES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER Chinck only	List only one ceu HYPERGLY( a. PPPRICE OUE TO  b. OUE TO  c. DUE TO  d	ee on eech lin CEMIC K CLEDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI  desth but not ASCULAR  DER/Outpatient INJURY my, 'bar')  FINJURY — At hetc. (Specify)  my knowledge, or	ETOAC  C CAL EQUENCE O  EQUENCE O  FEGUENCE O  Teaulting  DISH  3 DOA  28b. Tin IN	OTHEL A CHARLES  OTHEL A Nur ME OF JURY M  street, fact	26. PL R: rsing Hom 28c. INJ WO 1 1 1	ACE OF E  > > E  URY AT  RK?  (ES 2 [  a and place eath occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence of the common occurrence occurrence of the common occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurrence o	given in  DEATH (Ch.  asidanca  NO	Part i.  eck only or  8 Othe  28f. LOC  City  to the ca	24a. WAS AN PERFOR	AUTOPSY IMED?  I NO  NJURY Occurrence and Number  and Number as stated due to the	CURED r or Rural ted.	Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXX YES 2 NO	
	Sequentisity liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury their initisted events resulting in deeth) LAST  PART II. Other significent condition ARTERIOSCLEROTIC  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER Chick only 2000 CERTIFYINO Physical Examiners	HOSPITAL: 1   Inpettent 2   28a. DATE OF (Month), D 28a. PLACE O building, SICIAN: To the best of a:	ee on eech lin CEMIC K CI EDOTI (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI  desth but not ASCULAR  INJURY (OR AS A CONSI  ER/Outpatient INJURY (OR AS A CONSI  examination and/o	ETOAC CONTECUENCE O EQUENCE O  EQUENCE O  Tesulting DISE  28b. Time In  DOME of the country investigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Trestigeting Tre	OTHE:  OTHER  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION  ACTION	26. PL R: rsing Hom 28c. INJ WO 1 1 1	ACE OF E  26% P  URY AT  RK7  rES 2 [  and place  eath occu-	given in  DEATH (Ch  asidence  NO  No	Part i.  eck only or  8 Othe  28f. LOC  City  to the ca	24a. WAS AN PERFOR	AUTOPSY MED?  I NO  NJURY Occurrence and Number  and Number  29d. DAT	CURED r or Rural ted.	Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXX YES 2 NO  Route Number,  (s) and manner as stated.	

32 RECISTRAR'S SIGNATURE Junia Day Chon - Mandall

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

APR 19 90

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the purial-transit, be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LIEMS: 23PLL, PALLZ PET ME G-66 MEPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, certificate be ME

per ME & MD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR G-667 9/20 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 04 MARY J G. MASTERS 17 4 39P 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) JE UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 125 09 7146 YRS. August 26,1906 Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES! HOSPITAL CENTER RECTOR CHEVERLY PRINCE GEORGE'S 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ā Maryland Prince George's 1 YES 2 NO Largo be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10206 Prince Place 20772 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Ric 1 YES 2 NO Specify: 2 K NO 1 Never Married 2 Married A 3 🔯 Widowed 4 🗌 Divorced White No No COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ School Teacher Public Schools 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 70 Stephen Garrett Lula Forrester BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward Masters 10907 Trafton Drive Upper Marlboro Maryland 20772 pe 20a, METHOD OF DISPOSITION
1 № Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPDSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must Shiloh Baptist Church Cemetery Loganville Ga. Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral Beall-Evans Funeral HOme, P.A. Evans Mober res. 16000 Annapolis Rd. Bowie Md. 20715 the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate in by Interval Between shock, or heart fellure. List only one cause on each list ö filled **Onset and Deeth** IMMEDIATE CAUSE (Finel cremation. the disease or condition in and completely 1 to burial, cremation event, reaulting in death) DUE TO JOR AS A CONSEQUENCE OF Head to traumatic CERTIFICATION Sequentially list conditions. DUE TO FOR AS A CONSEQUENCE OF If any, leading to immediate the attending physician Mental Hygiene prior to CAUSE. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO JOH AN A GONSEQUENCE OF that initiated events resulting in deeth) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE I □ YES 2 INO OF DEATH? T YES 2 T NO t. of t PHYSICIAN: has be Dept. 23 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTION: After this certificate habe filled within 72 hours after death with the State D. IMPORTANT: If Item 28 is marked, or Item 2. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) T NY YES THE NO HOSPITAL: OTHER: m 2 - ER/Outpetlent 3 - DOA 6 C Other (Specify) 7. MANNER OF DEATH 186. TIME OF INJURY 284. DESCRIBE HOW INJURY OCCURED 28s. DATE OF INJURY (Month, Doy War) 25c. INJURY AT WORK? Stom Slipped and hit her head 5 Pending 1 VES 2 NO 4/16/90 BY 2 Accident 3 Buicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29f. LOCATION (Street and Number or Flural Flority Number City or Town, State) 6 Could not be COMPLETED 4 🗌 Homicide Landover Mall Landover, Maryland 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination on and/or investigation, in my opinion, th occured at the time, data and piece, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, per) Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE D = 103469 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLED DF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson-Randall



31. DATE FILED (Month, Day, Year) '90

APR 23

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

hos	ach		ej G
the	det		6
3	E De		7
ined	nouk		fled
reta	55		noti
og /	906		9
may	0.00		F
9 9	rect		Ĕ
Z	al di		Je L
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exprours after death. Page 6 may be retained by the hos	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter d	the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8
S af	4	JE JE	dic
TO.	D.	ŏ	Ĕ
1	N F	mon,	the state
Athin	Herte	rema	Ħ,
w be	dwo:	e i	Š
acut.	pu c		afic
8	an a	2	Ē
ate b	ysici	2	E
Tiffe	4d 5	iene	the
lea L	ndin :	£	0 40
death	afte	ETT2	2
the	the	Š	를
that	P P	8	E
res	igne	lealt	2
nba	ne.	6	hou
WE	s be	ept.	23
The	e ha	8	E
AN:	ifical	Sta	=
SICI	Cert	ě	1, 0
표	this	MID	rke
ING	After	Seath	E
END	DR: /	ther t	8 5
ATT	ECIL	5 2	m 2
OR.	DIR	Pon	Tel

STATE O	F MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			HYGIENE REG. NO.		0	1 4	20
,	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. 1	IME OF DEA	тн
- 1	Louise Alta Mil	eo				04	20	90°		2:01 A	м
1	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, I		0. 6	HRTHPLA	CE (State or F	
	579-24-0835	1 ☐ M 2X F	79 YRS.	IONTHS DAYS	HOURS MIN.		24/11		ountry) Lift(	on. VA	1
	9a. FACILITY NAME (If not institution, give stre	net and number)		9b. CITY, TOWN O	R LOCATION OF DE			9c. COUNTY			
DIRECTOR	Carroll Manor Nur	sing Home		Hyatt	sville			Prince	e Ger	orge's	3
Į	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d	INSIDE CIT	Υ
		ce George's	Br	entwood					10	YES 2	NO
LONEWAL	10e. STREET AND NUMBER	_		101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
	4142 Bunker Hill	Road			20722				.A.		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			r No 14.	RACE — / Black, Wi	American Ind	len,
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2X NO Specify				Specify:	White	
	15, DECEDENT'S EDUCA	ATION	16a, DECEDENT'S U	SIIAL OCCUBATION	W	1 485 14	IND OF BUSIN	EGG/MIDHET	BAY	WILLE	2
<u> </u>	(Specify only highest grade c Elementary/Secondary (0-12)	ompleted)	(Give kind of we	ork done during mo retired.)	st of working	100. K	IND OF BUSIN	IC33/INDUST	AT .		
Z	12th	College (1-4 or 5+)	Teacher-			Rat	ilroad	Retia	-emet	at Bos	rd
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)		20001102	tte y pane	18. MOTHER'S NA				Cinci	IL DUC	ilu
3	Harvey Woodyard				Anna F			,			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural		City or Town,	State, Zip Cod	le)		
2	Joanne Kose Whitt	ington			Street.#					22202	
ı	20s. METHOD ON DISPOSITION	201	. PLACE OF DISPOSI					TION City			
H	1 X Burial 2 1 Cremetion 3 1 Genov 4 1 Donation 8 1 Other (Specify)	rei from State	Ft. Linc	oln Cem	eterv		Br	entwoo	nd N	April 2	and
	21. SIGNATURA OF FUNDRAL SERVICE LICE	NSEE		22. NAME AI	D ADDRESS OF FA						
i	1/01/4/	A.OKa			cis Gascl						
-	23. PART   Enter the diseases, or co	TO TACKA	d the death Do no		Baltimo						
	ahock, or heart fellure. L	lat only one cause on a	ech line.	n enter the my	ue or aying, suc	an aa cerdia	c or respire	tory arrest,		Approxin	Between
	IMMEDIATE CAUSE (Final disease or condition	1 1.	1	-1	1					Onset an	d Death
ı	resulting in death)	DUE TO (OR AS	overpe	ra hry	Faile	ne					
_			Emson								
5	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF								
CERTIFICATION	cause. Enter UNDERLYING										
Į I	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:							
=	resulting in death) LAST										
	PART II. Other significant conditions	contributing to death i	out not reculting in	the realestele	n accord about to	Post I a					
¥	PART II. Other argumeant conditions	10	- 1-	i ina underlyin	g cause given in	Part I. 2	PERFORM		AMA	RE AUTOPSY I	OT F
5		arm	115			—   ¹	T YES 2	NO		MPLETION OF DEATH?	CAUSE
ž		a-1.	[71]			_			1 [	YES 2	NO
PHYSICIAN: MEDIC				-							
3		HOSPITAL:		OTHER:	ACE OF DEATH (Ch	neck only one)					
2	1 VES 2 NO	1 Inpatient 2 ER/Out		-	e 5 🗆 Residence	_					
	27. MANNER OF DEATH  1 D Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	URY AT	28d. DESC	RIBE HOW INJ	IURY OCCUR	ED		
ā	2 Accident Investigation	20- DI ACE DE IN ILIO	<u> </u>		YES 2 NO	004 1004	100 M				
급	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	city)	reet, ractory, orno	•		Town, State)	a Number or r	RUTBI PIOUTE	Number,	
COMPLETED	29a. CERTIFIER										
Ž	(Check only	HAN: To the best of my know									
3	2 MEDICAL EXAMINER	l: On the beals of examination	n and/or investigation	, in my opinion, o	leath occured at the	time, data s	nd place, and	due to the ca	use(s) an	d manner as	stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER	mal			29c. LICENSE NU			29d. DATE SI	GNED (Mo	onth, Day, Year	)
2	Juny,	- Mar	_/		V14	876			7 2	0.90	
-	30. NAME AND ADDRESS OF PERSON WHO										
	Suresh Gupta, M.D			attsvill	e, Md.		:				
	at."DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ndell								
	של און אין	The street Forman I all									



		-
١		22
		44
ı		To
		- 6
		-
		-
		9
		-
ì		60
ĭ		-0
L		_
۰		100
		=
		٠E
		100
i		- 22
		- 6
١		=
		Æ
		- 65
		- 25
	783	-
	8	76
	E	- 63
	03	=
	=	-
	5	- 6
	0	
	-	-
	0	2
l	ē	₹
	20	
	<b>E</b>	22
	80	- 25
٠	0	-5
		: 84
	.00	
	=	-2
	ā	智
		ë
	==	100
	700	- 22
	,2	12
	ā	_
•	400	
		-
۲	5	9
	ien	ther
	ygiene	other
	Hygiene	r other
	I Hygiene	or other
	tal Hygiene	or other
	intal Hygiene	ry or other
	<b>Nental Hygiene</b>	ory or other
	Mental Hygiene	nincy or other
	d Mental Hygiene	inlury or other
	and Mental Hygiene	v inlury or other
	and Mental Hygiene	ny inlury or other
	th and Mental Hygiene	any inlury or other
	alth and Mental Hygiene	s any inlury or other
	lealth and Mental Hygiene	we any inhory or other
	Health and Mental Hygiene	nwe any inlury or other
	of Health and Mental Hygiene	hows any inlury or other
	, of Health and Mental Hygiene	shows any inlury or other
	pt. of Health and Mental Hygiene	3 shows any injury or other
	ept. of Health and Mental Hygiene	23 shows any inlury or other
	Dept. of Health and Mental Hygiene	23 shows any injury or other
	e Dept. of Health and Mental Hygiene	m 23 shows any injury or other
	ate Dept. of Health and Mental Hygiene	am 23 shows any inlury or other
	State Dept. of Health and Mental Hygiene	Hem 23 shows any inlury or other
	State Dept. of Health and Mental Hygiene	flem 23 shows any inlury or other
	he State Dept. of Health and Mental Hygiene	or Hem 23 shows any inlury, or other
	the State Dept. of Health and Mental Hygiene	or Hem 23 shows any injury or other
	h the State Dept. of Health and Mental Hygiene	or them 23 shows any injury or other
	rith the State Dept. of Health and Mental Hygiene	ad or Ham 23 shows any inlury or other
	with the State Dept. of Health and Mental Hygiene	thed or Hem 23 shows any injury or other
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	h with the State Dept. of Health and Mental Hygiene	acked or Hem 23 shows any injury or other
	ath with the State Dept. of Health and Mental Hygiene	narked or item 23 shows any injury or other
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	eath with the State Dept. of Health and Mental Hygiene	marked or Hem 23 shows any injury or other
The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	death with the State Dept. of Health and Mental Hygiene	e marked or Hem 23 shows any injury, or other
	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at o

	FOR 1 STATE	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN	E	90 129	D t
BE COMPLETED BY FUNERAL DIRECTOR	REGISTRAR  CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last) NOR A  MCSWEENEY  2.1				REG. NO  2. DATE OF DEATH MONTH DO		3. TIME OF DEATN	O _M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE 1 M 2 F 99 et and number)	/In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF BIRTN (Month, Day, Year) 12-62-18 ATN	va.		
	10a. STATE 10b. COUNTY	George's	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 7024 Nashville Road 20706					10g. CITIZEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 100	If yes, sp	ENDENT OF NISPAN ecify Cuban, Mexica 2 10 Specify	IIC ORIGIN? (Specify Ver n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 8th	TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Housew	ork done during mo retired.)	DN st of working	Own H	SINESS/INDUS		
	17. FATNER'S NAME (First, Middle, Last)  James Noonan				18. MOTHER'S NA	ME (First, Middle, Melden canlan	Surname)		
TOE	Nora M. Rosenberg					anham, M			
	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  1 X Burdel 2 Crimation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Gate of Heaven Cemetery  21. SIGNATURE OF DISPOSITION (Name of cometery, crematory or other place) Silver Spring, Md.  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons 4739 Baltimore Ave., Hyattsville, Md. 20781								
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Mycardial in Fauth or minutes  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.    Gastroin Fig. to null trust hemoir have   246. WAS AN AUTOPSY PERFORMED?   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 YES 2 1/40   1 Y								
	EXAMMER?  1								
	29e. LICENSE NUMBER  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  City or Town, State)  29e. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Veer)								id.
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIBE OF DE	ATH OTHER AT CO.		0000		7	-18-90	

31. DATE FILED (Month, Day, APR 23 '90 . .

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Tavidson-Randale

OHMN-16 Rev 1/89

Rd

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

3,

IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

James P.

31, DATE FILED (MOYEL

Jarboe.

MARTNO MARTNI  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. less birthday)  9. FUNDER 1 YEAR  FUNDER 24 HRS.  7. DATE  7. DAY  9. FORTH (Month, Day, Velar)  JAN. 20, 1911  ITALY  9. FACILITY NAME (if not institution, give street and number)  St. Mary's Hospital  RESIDENCE OF DECEDENT  100. COUNTY  100. CITY, TOWN OR LOCATION  100. INSTATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. INSTATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. INSTATE  100. CITY, TOWN OR LOCATION  100. INSTATE  100. CITY, TOWN OR LOCATION  100. INSTATE  100. CITY, TOWN OR LOCATION  101. INSTATE  102. CITY, TOWN OR LOCATION  104. INSTATE  105. CITY, TOWN OR LOCATION  106. CITY, TOWN OR LOCATION  107. INSTANCE (ST. COUNTY OF DEATH LIMITATION OF LOCATION)  106. CITY, TOWN OR LOCATION  107. INSTANCE (ST. COUNTY OF DEATH LIMITATION OF LOCATION)  106. CITY, TOWN OR LOCATION  107. INSTANCE (ST. COUNTY OF DEATH LIMITATION OF LOCATION)  107. INSTANCE (ST. COUNTY OF DEATH LIMITATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF LOCATION OF L	IDE CITY TS? S 2 [XNO NTHY? can Indian,							
A SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. lest birthday)  79 YRS.  6. AGE (in yrs. lest birthday)  90. CITY, TOWN OR LOCATION OF DEATH  St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's Hours St. Mary's St. Mary's Hours St. Mary's St. Mary's Hours St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's St. Mary's	IDE CITY TS? S 2 [XNO NTHY? can Indian,							
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. least birthday)  79 YRS.  6. AGE (In yrs. least birthday)  79 YRS.  6. AGE (In yrs. least birthday)  79 YRS.  70 YRS.  70 ATE OF BIRTH (Morth, Day, Year)  70 ANN. 20, 1911  17ALY  71 ANN. 20, 1911  17ALY  72 Sea. FACILITY NAME (if not institution, give street and number)  80. CITY, TOWN OR LOCATION OF DEATH  81 DEATH  92 COUNTY OF DEATH  102 ST. MARY'S  103 STREET AND NUMBER  104 ST. ARRY'S  105 ST. MARY'S  106 STREET AND NUMBER  107 DATE OF BIRTH (Morth, Day, Year)  107 JAN. 20, 1911  17ALY  18 COUNTY OF DEATH  19 C. COUNTY OF DEATH  10 ST. MARY'S  10 ST. MARY'S  10 ST. MARY'S  10 ST. MARY'S  10 ST. ARRED  10 STREET AND NUMBER  10 ST. ARRED  10 STREET AND NUMBER  10 ST. ARRED  10 STREET AND NUMBER  11 Never Married 2 X Married  12 WAS DECEDENT EVER IN U.S. ARMED  13 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Bleck, White, a Specify Cuben, Maxican, Puerto Rican, etc.)  11 YES 2 X NO Specify: WHITTE	IDE CITY TS? S 2 [XNO NTHY? can Indian,							
ST9-18-5373   1   M 2   F   79   YRS.   JAN. 20, 1911   ITALY	TS? S 2 XNO NTRY? can indian,							
St. Mary's Hospital Leonardtown St. Mary's RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MARYLAND  ST. MARY'S  MECHANICSVILLE  10g. CITIZEN OF WHAT COUNTY  10g. CITIZEN OF WHAT COUNTY  10g. STREET AND NUMBER  RT. 1 BOX 247  11. MARITAL STATUS  11. MARITAL STATUS  11. Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Bleck, White, a Specify Cuben, Mexican, Puerto Rican, etc.)  12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Bleck, White, a Specify Cuben, Mexican, Puerto Rican, etc.)  1 YES, GIVE WAR OR DATES  1 YES 2 NO Specify: WHITE	TS? S 2 XNO NTRY? can indian,							
RESIDENCE OF DECEDENT  10c. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  MARYLAND  ST. MARY'S  MECHANICSVILLE  10c. STREET AND NUMBER  RT. 1 BOX 247  10c. CITY, TOWN OR LOCATION  MECHANICSVILLE  10d. INS  LIM  10d. INS  LIM  10d. INS  LIM  10d. INS  10d. INS  LIM  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. INS  10d. IN	TS? S 2 XNO NTRY? can indian,							
To. Street and number  RT. 1 BOX 247  10. STREET AND NUMBER  RT. 1 BOX 247  11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 No Specify:  WHITE	TS? S 2 XNO NTRY? can indian,							
To. Street and number  RT. 1 BOX 247  10. STREET AND NUMBER  RT. 1 BOX 247  11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 No Specify:  WHITE	NTRY?							
Specify: WHITE	cen Indien, tc.							
Specify:    3   Widowed 4   Divorced   IF YES, GIVE WAR OR DATES   1   YES 2   NO Specify: WHITE								
Specify: WHITE								
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  6TH GRADE  16. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use retired.)  SELF-EMPLOYED  18. MOTHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)								
Elementary/Secondary (0-12) Coffege (1-4 or 5+)  6TH GRADE  SELF-EMPLOYED  APPLIANCE MECHAN  18. MOTHER'S NAME (First, Middle, Maiden Surname)								
17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)	C							
BATTISTA MARINI CATARINA SACCHI								
190. MAILING ADDRESS (Street and Number or Hural House Number, City or lown, State, Zip Code)	559							
CAROLYN CUNDIFF  2645 FRIEDNSHIP SCHOOL RD., MECHANICSVILLE,  200. METHOD OF DISPOSITION  200. LOCATION — City of Town, State	MD.							
1 X Buriel 2 Cremetion 3 Removed from State other place) 4 Donation S Other (Specify) CHARLES MEMORIAL GARDENS LEONARDTOWN, MAI	RYLAND							
21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  MATTINGLEY—GARDINER FUNERAL HOME, P.	Δ							
P.O. BOX 270, LEONARDTOWN, MD. 20650								
23. PART (. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heert fellure. Liet only one cause on each line.								
IMMEDIATE CAUSE (Final	get and Death							
resulting in death)								
- ( grelial Gulorbero da								
Sequentially list conditions, If any, leading to immediate								
S cause. Enter UNDERLYING CAUSE (Disease or Injury	UNI							
that initiated events that initiated events that initiated events the resulting in death) LAST	for.							
Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	/							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   24s. WAS AN AUTOPSY   24b. WERE AL	TOPSY FINDINGS LE PRIOR TO							
	TION OF CAUSE							
1 U YE	S 2 🗆 M							
ž	1.							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO OF DEATH  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO OF DEATH  26. PLACE OF DEATH (Check only one)  OTHER:  4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF OEATH  28. DATE OF INJURY AT WORK?  WORK?  28. INJURY AT WORK?								
1 VES 2 2010 1 Dispetient 2 EPAOutpetient 2 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF OEATH 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
2 Notice   Street and Number or Rural Route Num 3 Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicide   Suicid	ber,							
4 Homicide determined								
20s. CERTIFIER Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on C								
200. CERTIFUE PRYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.    Compact and the time of the cause(s) and manner as stated.   Compact and the time of the cause(s) and manner as stated.   Compact and the time of the cause(s) and manner as stated.   Compact and the time of the cause(s) and manner as stated.   Compact and the time of the time of the cause(s) and manner as stated.   Compact and the time of the cause(s) and manner as stated.   Compact and the time of the cause(s) and manner as stated.   Compact and the time of the time of the cause(s) and manner as stated.   Compact and the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the tim	nner es stated.							
296. LICENSE NUMBER 29d. DATE SIGNED (Month).	ley, Year)							
2 36. NAME AND ADDRESS OF SERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2T) (Type, Print)								

-

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours are death. Page to may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pnor to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------	--

MICHAEL

31. DATE FILED (Month, Day, Year)

APR

25'90

MOSKEWICZ

32. REGISTRAR'S SIGNATURE

Quia Duvidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 2.1 12:45 A M 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH SED 5AM 2490 MOLOCK Edgar D Molock 4 DGAR 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month), Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 214-52-1130 1 DM 2 -11 10 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not instit Dor DIRECTOR 7-e -RESIDENCE OF 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY d. rche 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES Blac ВУ 3 Widowed 4 Olvorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KING OF BUSINESS/INDUSTRY College (1-4 or 5+) (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 2 EMME 0 20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 26c. LOCATION - City or Town, State Cremation 3 - Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY rolle 23. PART I. Enter the diseases, or complications that caused the death. Do not arter the mode of dying, such as cardiac or respiratory areas Approximata shock, or hasrt failure. List only one cause on each line. Interval Between of the Mouth with Onset and Death IMMEDIATE CAUSE (Final Cancer Exdusui disesse or condition DUE TO (OR AS A CONSEQUENCE OF): Courcer resulting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING erosion of face right side of and neck CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AVAILABLE PRIOR TO** COMPLETION OF CAUSE 1 | YES 2 10-110 OF DEATH? 1 YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Ampatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED 1 Antural 1 YES 2 NO ВУ 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 🗌 Homicide 29e. CERTIFIER

| CERTIFYING | PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFICATI 29d. DATE SIGNED (Month, Day, Year) BE ► 4/ 24/ 216609 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAMBRIDGE

503 BYEN ST.

TO BE COMPLETED BY FUNERAL DIRECTOR

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? Lours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usy he filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burlal, cremation, or removal.	
he hosp	detache	once.
od by t	od bi	te pe
retain	5 shor	notiffi
may be	r, page	st be
9 936	directo	er mu
leath. F	funeral	xamin
after o	by the emoval.	Sical e
uno	filled in	е шес
vithin	rematic	ant. th
cuted v	d com	ile evi
be exe	cian an	rauma
tificate	g physi	ther t
ath cer	tal Hyg	0 00
the de	y the a	Inlun
res that	igned b	Van 2
w requi	been s	show
The lan	ate has	9m 2
SICIAN:	certification the St	or i
G PHY	er this	narked
TENOIN	DR: Aft	200
OR AT	DIRECT hours a	lam 2
SPITAL	VERAL 22	AT-N
HE HO	HE FUR	IMPORTANT HISTORY AND A REMARKS OF HEM 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.
TO T	7 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun by the fun by the fun by the fun by the fun by the fun by the fun by the fun by the fun by the fun by the fun fundal Hydiene prior to burial, cremation, or removal.	971
1	7	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CERTIFICATE OF DEATH REG NO.	STATE OF MARYLAND	/ DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
CEITH IOATE OF BEATTI		CERTIFICATE	OF DE	HTA		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND I	MENTAL HYG			
1. DECEDENT'S NAME (First,	Middle, Last) PAULIN	NE E.	MA	RVEL			2. DATE OF DEAT MONTH APRIL 1	DAY	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUME	BER 5	SEX 6. A	GE (In yrs. les		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yes			ACE (State or Foreign
212-36-0859	1	☐ M 2 📉 F	82	YRS.	ONTHS DAY	HOURS MIN.	FEB. 14,	1908	MARYL.	AND
FACILITY NAME (If not in				.9		N OR LOCATION OF DE	EATH		TY OF DEA	
THE JOHNS		HOSPITAL			BALTI	MORE		BAL	I'IMOR.	E CITY
10e STATE	10b, COUNTY			I soe CITY I	TOWN OR LO	CATION				od. INSIDE CITY
MARYLAND	WICOMI	CO			PTOWN					LIMITS? YES 2XX NO
10e. STREET AND NUMBER	WICOIII	<u> </u>		DIMIC	LIOWIN	101, ZIP CODE		10g, CITI	ZEN OF WH	AT COUNTRY?
STATE STREE	т					2186	31	1000	II	SA
11. MARITAL STATUS		2. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specif	y Yee or No —	14. RACE -	American Indian.
1 Never Merried 2		FORCES? 1 1 1		10	If yes,	specify Cuban, Mexico	on, Puerlo Rican, etc	.)	Black, \ Specify:	Vhite, etc.
3 X Widowed 4 Divo	orced									WHITE
15. DEC (Specify onl)	EDENT'S EDUCAT y highest grade cor	TION mpleted)	(G	CEDENT'S US	k done during	TION most of working	16b. KIND O	BUSINESS/IND	USTRY	
Elementary/Secondary (0	)-12)	College (1-4 or 5+)	life.	Do NOT use n						
11				HOMEM	AKER			-		
17. FATHER'S NAME (First, M. CHESTER A.							ME (First, Middle, Mi	ilden Sumeme)		
			_				BENNETT			
NORMA LEE E			1111			ot end Number or Rural		21861	Code)	
20a. METHOD OF DISPOSIT		1								
XXBurlel 2 - Crematic	on 3 🗆 Remove	it from State	other pl	ece)		cemetery, crematory or CEMETERY	7 M	RDELA		
4 Donetion 5 Other	-	SEE 7	THE	SLA ME	1			MUELA	DI KIN	G5, FID
	1/	5/1	10,		ZELI	ER FUNERA	L HOME			
Jend	wh	To the	ec			RPTOWN, MI				
23. PART I. Enter the d	iseesee, or con	nplications that court only one cause of	used the de	eth. Do not	enter the	mode of dying, suc	h aa cerdiec or	reepiratory arr	est,	Approximata Interval Between
IMMEDIATE CAUSE (FI	1									Onset and Death
disesse or condition	<b>→</b>	Critical	aor	to s	teno	515				+ years
		DUE TO (OR	AS A CONSE	DUENCE OF):						
Sequentielly list condit	lona. b.									
if any, leading to imme ceuse. Enter UNDERLY	diate	DUE TO (OR	AS A CONSE	OUENCE OF):						
CAUSE (Disease or Inju		DUE TO (OR	AS A CONSE	OHENCE OF						
that initieted events reaulting in deeth) LAS	т	502 10 (011	AS A CONSE	OULHOL OF).						
	d.		-							+
PART II. Other significa	ent conditione							S AN AUTOPSY		VERE AUTOPSY FINDINGS
Congestive	2 hours	+ failur	e D	rerena	1 7	ailure,		ES 2 NO	0	OMPLETION OF CAUSE OF DEATH?
anemia			, ,			,		/.		YES 2 NO
			_							
25. WAS CASE REFERRED 1 EXAMINER?						PLACE OF DEATH (C/	heck only one)			
1 TES 2 NO	1	IOSPITAL: Inpatient 2 - ER	Outpatient 3		OTHER:	Iome 5 🗆 Residence	8 Other (Specify	)		
27. MANNER OF DEATH		28a. DATE OF INJU		28b. TIME (	OF 28c.	INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OC	CURED	
1 Natural 5 2 Accident	Pending Investigation			(8.20		YES 2 NO				
3 Suicide 8	Could not be	28a. PLACE OF IN. building, etc.	JURY — At he (Specify)	ome, ferm, atro	eet, factory, c	ffice	28f. LOCATION (S City or Town,	treet and Number State)	or Rural Roo	ite Number,
4  Homicide	datermined									
29e. CERTIFIER (Check only	TIFYING PHYSICIA	AN: To the best of my	knowledge, de	eath occurred	at the time,	lete and place, end du	e to the cause(e) en	d manner ea sta	ted.	
(Sindan only		On the basis of exami								end menner ee steted.
29b. SIGNATURE AND TITLE	E OF CERTIFIER					29c. LICENSE NU	MBER	29d. DAT	E SIGNED (	forith, Day, Year)
1860	Ams	usen N	110			P04479		•	4/1:	3/90
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, P.	rint)			1	1//-	
6150 5	monsor	MD	600	11 11	WIFE	St. Bai	Himano	MD	220	5
31. DATE FILED (Month, Day,	Year)	32 REGISTMAR'S	SIGNATURE			0.1001	111101			
APR :	2 5 '90	guna	Daydo	n-Rande						

100 E. 100

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 should
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	.0

1 - STATE REGISTRA	R	STATE OF N		) / DEPAR			EALTH AND DEATH	MENT	AL HYGIENI REG. NO.	E		
	AME (First, Middle, Last)	rine						2. DAT	TE OF DEATH	Y 90	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthda						IF UNDER 24 HRS.	<u> </u>	E OF BIRTH		e Bierry	PLACE (State or Foreign
		1 M 2 NF			IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			(Mo	nth, Day, Year)	005	Countr	1)
217-03		/ /		95 YRS.					3 07 1	895		yland
4	ME (If not institution, give a						R LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
Dorch RESIDENCE 100. STATE Maryl	Dorchester General Hospital					amb	ridge			Do	rche	ster
RESIDENCE	OF DECEDENT	v		100 CIT	Y, TOWN OF	P I OCATI	ON					10d. INSIDE CITY
Monus		`		100	ienn		ON				l	LIMITS?
												1 YES 2 NO
10e. STREET AND						101.	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
P.U.	Box 155						2186	9			Ų.	S.A.
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO						ENDENT OF HISPA			or No-	14. RACE Black	- American Indian, White, etc.
1 Never Merri	ed 2 Merried	IF YES, GIVE W					2 NO Specif				Speci	White
	4 U Olvorced											WITTEE
	15, DECEDENT'S EDU Specify only highest grade		16a	(Give kind of life. Do NOT u	USUAL OC	CCUPATIO	N it of working	1	66. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Se	condary (0-12)	College (1-4 or 5	+)									
8th				НО	mema	ker			At ho	me		
Elementary/Se 8 th	ME (First, Middle, Last)						18. MOTHER'S NA	AME (Firs	t, Middle, Maiden	Surname)		
Marti	n Wheatla	ev					Eliza	bet	h Marv	Sn	ear	Wheatlev
19a INFORMANT	'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural					Miloutito
Mr. A	lton K. N	Marine		RED	4. R	ΩX	224, C	amb	anhir	MD	216	17
	20e, METHOD OF OISPOSITION  1 [X Burlel 2 Cremetton 3 Removal from State other piece)										City or To	
1 🖾 Buriel 2 🗀										0		
4 Donation 6 Other (Specify)							y Ceme		y j fe	der	alsb	urg, MD
21, SIGNATURE C	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						mptom-I		king E		n o 1	Homo
► VV	whalf to	Escow				Fed	eralsb	ura	WU 3	163	rar	поше
23. PART I. Enter the diseases, or complications that caused the caused, or heart feliure. List only one cause on each life immediate cause (Finel disease or condition				line Dtic Ca	not enter	the mo	de of dying, euc ular di	ch as c	ardiac or respi			Approximata interval Between Onset and Death
resulting in de	ath)				cudiovarula divan				Co will			1705
		Hyperte	nsion	NSEUVENCE C	E OF):							
Sequentially if	iat conditions.	b		even								
and an interest of	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE					OF):						
If any, leading		If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury										j
If any, leading ceuse. Enter to CAUSE (Disease)	INDERLYING	C	100 10 1 00									
If any, leading ceuse. Enter to CAUSE (Disea that initiated in the ceaulting in december 1)	JNDERLYING se or injury	C	(OR AS A CO	NSEQUENCE C	PF):							
If any, leading couse. Enter to CAUSE (Disea that initiated a resulting in de	JNDERLYING se or injury	C	(OR AS A CO	NSEQUENCE C	₩F):							
	JNDERLYING se or injury events eeth) LAST	oue to				nderlying	cause given in	n Part I.	24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
PART II. Other	See or injury prents eeth) LAST	d	death but r	not resulting		nderlying	g cause given in	n Part I.	24s. WAS AN PERFOR		246	AVAILABLE PRIOR TO
PART II. Other	See or injury prents eeth) LAST	d	death but r	not resulting		nderlying	g cause given in	n Part I.		RMED?	24b	
PART II. Other	See or injury prents eeth) LAST	oue to	death but r	not resulting		nderlying	g cause given in	n Part I.	PERFOR	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other	See or injury prents eeth) LAST	d	death but r	not resulting		nderlying	g cause given in	n Part I.	PERFOR	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other	See or injury prents eeth) LAST	oue to d.  ne contributing to Di clute Anema	death but r	not resulting			cause given in		PERFOR	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other	UNDERLYING se or injury events events resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition	d	death but r	not resulting	in the un	26. PL	ACE OF DEATH (C	heck only	PERFOF  1  YES 2	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other	PARTIES TO MEDICAL	oue to d.  ne contributing to Di civile Anemy HOSPITAL: 11/4-inpatient 2 280. DATE OF	ER/Outpatie	not resulting	OTHER	26. PL R: sing Hom 28c, INJ	ACE OF DEATH (C	Check only	PERFOF  1  YES 2	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE RI EXAMINER?  1 YES 2  27. MANNER OF	JNDERLYING se or injury wents beth) LAST  r significent condition  r significent condition  r significent condition  ocal  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  purple  pur	oue to d. ne contributing to Di clute Anema HOSPITAL: 1 1/H inputient 2	ER/Outpatie	not resulting	OTHER	26. PL R: sing Hom 28c. INJ WO	ACE OF DEATH (C	Check only	PERFOF  1 YES 2	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE RI EXAMINER? 1 VES 2 27. MANNER OF 1 Netural	PEFERRED TO MEDICAL  Solution  Death  Solution  Pending	ne contributing to  Di colute  A MEM  HOSPITAL: 1/#-Inputient 2  288. DATE OF (Morth, E)	ER/Outpatie	not resulting	OTHER	26. PL R: sing Hom 28c, INJ WO 1 1 1	ACE OF DEATH (C)  5	6 O	PERFOR 1 VES 2	NJURY O	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE RI EXAMINER? 1 VES 2 27. MANNER OF 1 Netural	Pending Investigation 6 Could not be	d.  ne contributing to  Di cibile  Anema  HOSPITAL: 1 ji Anpatient 2 ( 28e. DATE Of (Month, L) 28e. PLACE O	ER/Outpatie	not resulting	OTHER	26. PL R: sing Hom 28c, INJ WO 1 1 1	ACE OF DEATH (C)  5	6 O O 26d. U	PERFOF  1 YES 2	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE RI EXAMINER? 1 VES 2 27. MANNER OF 1 Netural	Pending Investigation 6 Could not be	d.  ne contributing to  Di cibile  Anema  HOSPITAL: 1 ji Anpatient 2 ( 28e. DATE Of (Month, L) 28e. PLACE O	ER/Outpatie	not resulting	OTHER	26. PL R: sing Hom 28c, INJ WO 1 1 1	ACE OF DEATH (C)  5	6 O O 26d. U	PERFOR  1 VES 2  one)  ther (Specify)  DESCRIBE HOW I	NJURY OC	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE RI EXAMINER? 1 VES 2 27. MANNER OF 1 Netural	PROPERTY ING Se or injury wents seth) LAST  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r significent condition  r	d.  ne contributing to  Di cibile  Anema  HOSPITAL: 1 ji Anpatient 2 ( 28e. DATE Of (Month, L) 28e. PLACE O	ER/Outpatie F INJURY Dey, Year) DF INJURY — , etc. (Specify)	not resulting  mt 3 □ DOA  28b. Till IN	OTHEF 4 Num	26. PL R: sing Hom 28c. INJ WO 1 1 1	ACE OF DEATH (C)  5   Residence URY AT RK? (ES 2   NO	26d. L	PERFOR  1 VES 2  Ther (Specify)  DESCRIBE HOW I  OCATION (Street lift) or Town, State)	NJURY OC	DCURED or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE RI EXAMINER? 1 VES 2 27. MANNER OF 1 Netural	PERRED TO MEDICAL  Solvents  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent condition  To significent	d	ER/Outpatie FINJURY Dey, Year) OF INJURY — , etc. (Specify)	not resulting  mt 3 DOA 28b. Till IN At home, farm,	OTHEF 4 Number of JURY M	26. PL R: sing Hom 28c. INJ WO 1 1 tory, office	ACE OF DEATH (C  5   Residence URY AT RK? (ES 2   NO	Sheck only 6  O 26d, I	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW I  OCATION (Street hy or Town, State)  ceuse(e) and mer	NJURY OC	CCUREO or or Rural of	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE RI EXAMINER?  1  YES 2  27. MANNER OF  1  Netural  4  Accident  3  Sucide  4  Horoicid  29e. CERTIFIER (Check only one)	PROPERTY ING SECTION OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTR	d	ER/Outpatie FINJURY Dey, Year) OF INJURY — , etc. (Specify)	not resulting  mt 3 DOA 28b. Till IN At home, farm,	OTHEF 4 Number of JURY M	26. PL R: sing Hom 28c. INJ WO 1 1 tory, office	ACE OF DEATH (C  5	26d. I	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW I  OCATION (Street hy or Town, State)  ceuse(e) and mer	NJURY OC	or or Rural steel.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Ceuse. Enter CAUSE (Disea that inflieted reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaulting in de reaul	Per Certify in General Condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificen	d	ER/Outpatie FINJURY Dey, Year) OF INJURY — , etc. (Specify)	not resulting  mt 3 DOA 28b. Till IN At home, farm,	OTHEF 4 Number of JURY M	26. PL R: sing Hom 28c. INJ WO 1 1 tory, office	ACE OF DEATH (C)  5   Residence URY AT RK? (ES 2   NO  end place, end du esth occured at th  29c. License Ni	26f. L	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW I  OCATION (Street hy or Town, State)  ceuse(e) and mer	NJURY OC	or or flural and or flural and the coupe(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Route Number,
25. WAS CASE RI EXAMINER? 1 YES 2 27. MANNER OF 1 Netural 2 Accident 3 Suicide 4 Homicial 29e. CERTIFIER (Check only one) 29b. SIGNATURE	PEFERRED TO MEDICAL  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solution  Solut	d.  ne contributing to Di cibile  HOSPITAL: 11 inpatient 2 (Month, L. 28e. DATE OF (Month, L. 28e. PLACE Of building.  SICIAN: To the best of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series of a series	ER/Outpatie F INJURY Oey, Year)  of Iny knowledgexamination en	not resulting  mt 3 □ DOA  26b. Till  At home, farm, ie, death occur  d/or investigati	OTHEF 4 Num ME OF JURY M street, fect	26. PL R: sing Hom 28c. INJ WO 1 1 tory, office	ACE OF DEATH (C  5	26f. L	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW I  OCATION (Street hy or Town, State)  ceuse(e) and mer	NJURY OC	or or flural and or flural and the coupe(	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
25. WAS CASE RI EXAMINER? 1	Per Certify in General Condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificent condition  resignificen	Di Color To  d.  ne contributing to  Di Color  Amenu  HOSPITAL: 19-Impatient 2  28e. DATE Of (Month, L)  28e. PLACE Couliding,  SICIAN: To the best of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the complete of certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the certain the	ER/Outpatie FINJURY Py, Year)  OF INJURY — , etc. (Specify)  If my knowledge examination on	not resulting  nt 3 □ DOA  20b. Till  At home, farm,  se, death occur  d/or investigat	OTHER 4 OTHER 4 OTHER UNITY M Street, fect	26. PL R: sing Hom 28c. INJ WO 1 1 1 tory, office	ACE OF DEATH (Co. 5   Residence URY AT RK? RKS 2   NO end place, end du eath occured at th	26d. L	PERFOR  1 VES 2  ther (Specify)  DESCRIBE HOW I  OCATION (Street  OCATION (Street  ceuse(e) end mei	NJURY OC	or or Rural and the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  Route Number,  s) end menner ee stated.

APR 26 90

er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached.	I examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tidours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / I		TMENT OF H			MENTAL HYG REG.			
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
	JAMES	MONI	EYPENNY					April		1990	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last i	oirthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign stry) West
	236-20-6104	1 📉 M 2 🗌 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	May 29	71925	2 37 -	west
	9a. FACILITY NAME (If not institution, give st	treet and number)	01		9b. CITY, TOWN C	R LOCATI	ON OF DE		9c. CC	DUNTY OF	DEATH
Œ	Anne Arundel M		Conton		Anna	nal	ie		Δ,	ne	Arundel
	RESIDENCE OF DECEDENT	redical	oencer		Allilo	POI	7.9		28.1	ine -	al ander
M	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
ā	Maryland Ann	ne Arun	del		Anna	pol	is				1 YES 2 NO
A	10e. STREET AND NUMBER				101	. ZIP COD	Ε		10g. C	ITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	131 Gibson Roa	ad				21	401			U.S	. A .
S	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARM					NIC ORIGIN? (Specif		_	CE — American Indian, ck, White, atc.
	1 Nover Married 2 Married	FORCES? 1	YES 2 NO	)			n, Maxica Specifi	n, Puerto Rican, etc v:	.)		ck, write, etc.
ВУ	3 Wildowed 4 Divorced	WW.	II							W	hite
E	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCCUPATION Work done during more retired.)	ON st of worki	na	16b. KIND O			. 2 . 4 . 1 . 1
딟	Elementary/Secondary (0-12)	College (1-4 or 5	+)								al Acadeny
I D	12		Su	per	visor			Mids	h <b>i</b> pm	en S	tore
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						_	AME (First, Middle, Mi			
BE (	Herbert Money	oenn <b>y</b>					Lon	a Cunn	ingh	am	
0	19a. INFORMANT'S NAME (Type/Print)							Route Number, City of			2.402
-	Gloria S. Mone						_	Annapol			
	200 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Fiem	oval from State	other place	:0)	SITION (Name of cer				LOCATION		
	4 Donation 5 Other (Specify)	1	7   18171	cre	st Ceme	ter	y	A	nnap	olis	, MD
	21, SIGNATURE OF FUNERAL SERVICE LIK	POSE /	//		22. NAME A			ral Cha	nal		
	Templay X	· Vivi	1							Logs	is.MD 2140
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,  Approximate										
	ahock, or heert fellure. List only one cause on each line.								Onset and Death		
	disease or condition resulting in desth) e								6 mos		
	resulting in destil)	DUE TO	OR AS A CONSEC	UENCE O	₩F):						SUYUS.
z	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	b			avette	_ u	Je				30402.
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):						
CA	CAUSE (Disease or Injury	c									
11	that initiated eventa reaulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):						
CERTIFICATION	Teaching in death) Exo.	d									
4	PART II. Other algolificant condition	s contributing to	death but not re	suiting	in the underlyin	g cause	given in		S AN AUTOP	SY 24	4b. WERE AUTOPSY FINDINGS
2	×	CC	PD						RFORMED? ES 2 No		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED									0		1 YES 2 NO
2										- 1	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF	DEATH (C	heck only one)			
Sic	EXAMINER?	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hor	na 5 🗆 F	Realdence	8 Other (Specifi	)			
Ť	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. TIN		JURY AT		28d. OEŞCRIBE I	IOW INJURY	OCCURED	
BY F	1 Natural 5 Pending	(WOIRI)	Jay, 1047	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M 1 🗆		□ NO				2
m	24 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Pural Route Number,								treet and Nun	nber or Rura	il Route Number,
	3 Suicide 8 Could not be detarmined 2291. COCATION (Street and Number or Hural Houte Number, building, atc. (Specify)										
03			29s. CERTIFIER  Charte code: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated.								
03	4 Homicide determined	ICIAN: To the best of	f my knowledge, des	th occur	red at the time, date	and plac	a, and du	a to the cause(a) ar	d manner as	stated.	
03	4 Homicide detarmined  29s. CERTIFIER (Check only 1 CERTIFYING PHYS										o(a) and menner as stated.
COMPLETED	4 Homicide detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the basis of				death occi	ured at the	e time, date and pla	ce, and due t	o the cause	
03	4 Homicide detarmined  299. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of		westigati		death occi		e time, date and pla	ce, and due t	o the cause	e(a) and menner as stated.  ED (Month, Day, Year)

81

THE THE MAN 1990 GUIL AND SECRETARY SIGNATURE

Fraullin St. Aunapolis

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled with the State Degt. of Health and Mertial Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

APR 17

90

												90	15	99	2
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT O				MENTAL	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (	OF DEATH	IA.	YEAR	3. TIME OF	DEATH	
j	EMMA (NMN)	MYERS							APR	IL 4	. 1	990	5:4	46	рм
. 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		MONTHS D	EAR AYS	IF UNDER	24 HRS.	7. DATE (	Day Yeart		Count	IPLACE (State	or Foreig	ın
\	220-30-3209	1 □ M 2 🎇 F	9	5 YRS.	WONTHS C		HOUNII	Maria.	Nov.	4, 18	194	Mar	yland		
L	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO				EATH		9c. COU	INTY OF D	EATH		
D.	Homewood Retireme	nt Cente	r		Willi	iams	spor	t			Was	hing	ton		
ривестой	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	(			Y, TOWN OR I								10d. INSIDE	CITY	
		.ngton		Wil	liamsp	or	t						1 XYES	2 NO	
A	10e. STREET AND NUMBER					101.	ZIP CODE						WHAT COUNT	RY?	
Ë	2750 Virginia Av										US	SA			
BY FUNERAL	1. MARITAL STATUS 1 XNever Married 2 Married 2 Widowed 4 Divorced		IT EVER IN U.S. ARI YES 2 X N WAR OR DATES		If ye	es, spe			an, Puarto R	? (Specify Yea icen, etc.)	or No—		E — American k, Whita, atc. //y: Whi		
	15. DECEDENT'S EDU	CATION	16a DE	CEDENT'S	USUAL OCCL	IPATIO	M		165	KIND OF BUS	INECC/IN	DUSTRY	AATIT	-	
COMPLETED	(Specify only highest grade	completed)	(Gi	ve kind of Do NOT u	work done duri se retired.)	ing mos	l of workin	g	100.	KIND OF BOX	31140.007114	DUGINI			
PL	Elementary/Secondary (0-12)	College (1-4 or 5 -		iste	red Nu	ırs	e		1	Health	Car	·e			
OM	17. FATHER'S NAME (First, Middle, Last)			,,				IER'S N		liddle, Maiden					_
	Charle Gunnell My	vers								Elizat		Sens	و]		
BE	19a. INFORMANT'B NAME (Type/Print)		198	. MAILING	ADDRESS (S	itreet an							CI		
2	George Myers		19	008	ay Sti	ree	t. Ha	er:	stown	. Mary	land	1 21	740		
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name							- City or To			
	1XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Btate	St. Th	noe) Nomas	'Episo	COD	al C	eme	terv	Hanc	ock.	Md.	2175	0	
	21. BIOMATURE OF FUHERAL SERVICE LIC	DENSEE (								rove F	uner	al H	ome		
	* P.00	The state of			1/1	57 1	M - 1	0.4	**	1	14.1	0475	^		
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,										oximate				
	ahock, or heart fallure. List only one cause on each line.										reen				
	disease or condition										Cas		C C		
	resulting in death)  a. Ungestive 1421 failure a  Due to (OR AS A CONSEQUENCE ORD)									- Cu	ex	7.			
-			nusa	01	161	"	-4	-0	So				Ì		
Ö	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	(F):		40	-							
CERTIFICATION	cause. Enter UNDERLYING		VANIS	5	0/0/	05	75								
E	CAUSE (Disesse Dr injury that Initiated events	DUE TO	(OR AS A CONSEC	DUENCE C	OF):										
H	resulting in deeth) LAST	d													
_	PART II. Other aignificant condition	ne contribution to	death but not r	o a ultimo	In the unde	elulma		ulizan la	Don't I	04- 1400 00	ALCOOREY		WEBS ALTO	where them	****
SAL	TALL II. GARAGE GIGHTOUR OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT	- Contributing to	GOGGII DOL IDL I	oauting	in the unite	iriyiiig	cause ;	graeii ii	reit i.	24a. WAS AN PERFOI		- "	AMILABLE COMPLETIO	PRIOR TO	
ă									— 1	1 YES 2	NO		OF DEATH?	N DI CAU	36
M													1 TYES	2   NO	
PHYSICIAN: MEDICAL								_							
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	₹6. PL	ACE OF D	EATH (C	heck only on	e)					
YS	1 YES 2 NO		ER/Outpetient 3					esidence	6 Other						
	1 Natural 5 Pending	28a. DATE OF (Month, L		28b. TII	JURY	Bc. INJU		T NO	280. DES	CRIBE HOW	INJUNY O	CCUMED			
ВУ	2 Accident Investigation	28a PLACE (	OF INJURY — At he	uma farm				NO	284 1.00	ATION (Street	and Mumb	or or Dural	Doude Mumba	,	
ED	3 Suicide 6 Could not be 4 Homicida determined	building	, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	allow, ractory	, 011100				or Town, State,		or or richar	THOUSE THE THE	*•	
COMPLETED	29a, CERTIFIER													_	-
MP	(Check only	ER: On the best of											(-) 4		
9	Z MEDICAL EXAMIN	.m. On the Dasis of a	10/DAR NORMANIA	irivestigat	ion, in my oph	nion, de				and place, at					ed.
BE (	296. SIGNATURE AND TITLE OF CONTINE	-		/	7/		29c. LIC				29d. DA	TE SIGNE	Month, Dhy	( Year)	
10	and			_	د ب		1)	6	10	6		41	6/7	0	
	30. NAME AND ADDRESS OF PERSON WE	JO COMPLETED CAL	ISE OF DEATH (ITE	M 27) (7vp	a Print) /	1.									

D 16 00 0 6K
32. REGISTRATI'S SIGNATURE
Fishia Davidson-Randall

TO BE COMPLETED BY FUNERAL DIRECTOR

exam	
c event, the medical e	
the	
event,	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIFI
10	H
Injury	AL C
amy	20
shows	MEC
23	Z
IMPORTANT: If Item 28 Is marked, or Item 23 sh	SIC
0	ž
pey	효
mari	ВУ
90	
E 2	E
=	4
=======================================	O
TA	0
20	8
3	2

3		
9		
3		
5		ei i
3		Ĕ
,		10
9		6
5		9
5		=
)		2
2		9
ž		1
5		Sin
3		E
5		e
ì		든
2		34
	_:	2
5	2	75
5	Ē	30
	-	9
3	0	=
i	8	96
5	Jat	-
2	ren	E
î	0	2
5	ja.	u
2	园	te
	2	Ē
5	10	ĕ
5	ă	-
i.	200	P
2	ğ	4
2	Į.	10
i	Ta	>
2	Me	3
2	g	_
2	è	E
5	틒	(4)
ï	He	3
-	75	2
Š	£.	69
3	9	2
medical and report of the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the seco	e	E
200	Stat	e
É	le State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	01	YLAND / DEPAR Certie		OF DEA		ILN IAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	IOAIL	OI DEA			OF DEATH			TIME OF DEATH
GREGORY	ALLAN		MYE	RS.		MONTH			O 1	1:55 PM
4. SOCIAL SECURITY NUMBER 5. SI		GE (in yrs. last birthday)	IF UNDER t	YEAR IF UNDE	R 24 MRS.	7. DATE	OF BIRTH	ĺ	8. BIRTHPL	ACE (State or Foreign
217-64-0189	M 2 🗆 F	26 YRS.	MONTHS	DAYS HOURS	MIN.	9	29 6	3	Mary:	land
9a. FACILITY NAME (If not Institution, give street an	nd number)		9b. CITY, 1	TOWN OR LOCAT	ION OF DE	ATH			TY OF DEAT	
Route 194				Tanevto	าเกา				arrol	1
ROUTE 194 RESIDENCE OF DECEMENT  10a STATE 10b COUNTY										3
			Y, TOWN OR							d. INSIDE CITY LIMITS?
Pennsylvania Ada	ms		ittle	stown				40.000		☐ YES 2 🔀 NO
				101. ZIP COD	Ī.			100		
1150 Fish & Game R	(CL.	O MILLS ASSESS	1 40 14	1374		173			U.S.A	American Indian,
1 Never Merried 2 Merried	ORCES? 1 Y	ES 2 XNO	11	yes, specify Cub	en, Maxican	, Puarto F		OF NO-	Black, V	American Indian, /hita, etc.
3 Wildowed 4 Divorced	F YES, GIVE WAR O	R DATES	1	YES 2 XNO	Specify:				Specify:	White
15. DECEDENT'S EDUCATION		18a. DECEDENT'S				16b.	KIND OF BUS	SINESS/IND		WILLEC
(Specify only highest grade complete Elementary/Secondary (0-12)  Coll	lege (1-4 or 5+)	(Give kind of life. Do NOT u	work done du se retired.)	iring most of work	ing					
12	2	equipme	ent of	perator		ex	cavat:	ing.	const	ruction
17. FATHER'S NAME (First, Middle, Last)					HER'S NAM		vliddle, Malden	-		
Richard I. Myers	. Sr.			A:	nna M	lae S	Shiple	V		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and Number					Code)	
Richard I. Myers, Sr	•	301 M	ain S	t. New	Win	dsor	, MD 2	1776		
20a, METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Removal for	nam State	20b. PLACE OF DISPO	SITION (Nam	e of cemetery, cre	matory or		20c. LO	CATION —	City or Town	, Stata
4 Donation 5 Other (Specify)	rom suita	Lutheran	Сете	tery			Uni	onto	wn, M	D
21. SIGNATURE OF FUNERAL SERVICE LICENSE	1	1.1	22. N	AME AND ADDR	ESS OF FAC	D VILLE	.D. Ha	rtz1	er & 9	Sons
attarine V.	Hart	ler		ew Wind						
23. PART I. Enter the dieeesea, or comp			not antar t	ha moda of dy	Ing, suct	as card	tiac or respi	ratory an	est,	Approximata
shock, or haart failure. List of IMMEDIATE CAUSE (Finel	only ona cause o	n each lina.								Interval Between Onset and Death
disease or condition	Head	injuries								
resulting in death) e		AS A CONSEQUENCE O	F):							
Sequentially list conditione, If any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	PF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury										
thet initieted events	DUE TO (OR	AS A CONSEQUENCE O	PF):							
resulting in death) LAST										
PART II. Other aignificent conditions con	ntributing to dee	th but not resulting	in the unc	terlying cause	given in	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS
							PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUSE
							IV LES Y	NO		F DEATH?  X YES 2 NO
						-			1 '	V) LES 5 HO
25. WAS CASE REFERRED TO MEDICAL				26, PLACE OF	DEATH /Ch	ock only or	76)			
EXAMINER? HO	SPITAL:	Outpatient 3 DOA	OTHER	:				Scer	20	
27. MANNER OF DEATH	28a. DATE OF INJU		7	Ing Home 5 - F	ne sidenca		SCRIBE HOW I			
1 Natural 5 Pending	(Month, Day, Ye	ear) IN	JURY	WORK?	X NO					usals Albani
2 Accident Investigation 3 Suicide 8 Could not be	4-20-9	IURY — At home, farm,	58a ^M			28f, LOC	ver of	DIC!		ruck that Control
3 Suicide 8 Could not be 4 Homicide detarmined	building, atc.	(Specify)	-							
29a. CERTIFIER		roa				Rt.				of Taneyto
(Check only one)  1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On										MD.
2 MEDICAL EXAMINER: OR	tive pasts of examili	secon and/or investigat	ron, in my of				ano pieca, ai			
29b. SIGNATURE AND TITLE OF CERTIFIER	Mail	0			CENSE NUN	ABER		29d. DAT	E SIGNED (A	fonth, Day, Year)
Junior 1 De	Mile				CME				4-21	-90
30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)							
Margarita A. Koj	rell, M.I	11 19 August Mana	1. Per	n Stree	et	В	altimo	re,	MD 21	201
31. DATE FILED (Month, Day, Year)										

at once.

NVLAND 21203-3146

BALTIMO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem:	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,
th certificate	ending physic I Hygiene pric	or other tra
that the deal	th and Menta	any injury,
a law requires	has been sign Dept. of Heal	23 shows
IYSICIAN: The	is certificate ith the State	ed, or item
TTENDING PH	after death w	28 is mark
HOSPITAL OR A	UNERAL DIREC	ANT: If Item
TO THE	TO THE 9	IMPORT

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEP	ARTMENT IFICATE			MENTA	L HYGIEN	-	0	12394
	1. DECEOENT'S NAME (First, Middle, Last)  VIRGINIA A.	MARS					2. DATE MONT	OF DEATH	W Y	3. 3. 5	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-03-5443	1 🗆 M 2 📈 F	6. AGE (In yrs. lest birthdi	MONTHS .	DAYS	IF UNDER 24 HRS, HOURS MIN.	3-	OF BIRTH h, Day, Year) 29-0	9 1	n AR	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at  CA RROLL COURSE  RESIDENCE OF DECEDENT	nty Gei	u. Hosp	We:	STN	UNSTE	C_		9c. COUNTY		
DIRECTOR		Innoll	10c.	CITY, TOWN O		11/1C					1. INSIDE CITY UMITS? YES 2 \( \text{NO}\)
FUNERAL	10e. STREET AND NUMBER  7369 SECON	Vd AVA	EVER IN U.S. ARMED		10f.	217				,5,4	7.
B₹	Wildowed 4 Divorced	FDRCES? 1 [ IF YES, GIVE WA	YES 2 NO	H	f yes, spe	ENDENT OF HISP/ ecity Cuben, Mexic 2 NO Spec	en, Puerto	rr (Specify Yes Rican, etc.)	or No.— 14.	Specify:	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	Itle. Do NO	of work done of use retired.)	during mos	st of working	16b		FACTO		
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Ca	vey				18. MOTHER'S N	- F-1	Repe	Rick		
TO 1	19a. INFORMANT'S NAME (Type/Print)  LINWCOD 0,  20a. METHOD OF DISPOSITION	CAVEY	414	9 SNI	em	Battom	Re	1. We	stmins	ter	nd 21157
	1 Buriel 2 Cremation 3 Remo		20b. PLACE OF DIS other place)	PARK	Com	etery		BA	ITIMOR	e.	Md.
	Harry W.	Haight				DADDRESS OF F	Lesui	the 1	Md. 2	178	4
	23. PART I. Enter the diseases, or cashock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only/ona caus	e on each ilna.				ch aa can	diac or reap	ratory arrest	1	Approximate interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (	Antulu DR AS A CONSEDUENC JOCUACHEL DR AS A CONSEQUENCE	E DF):	nea	An					days
CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	6	OR AS A CONSEQUENCE							•	
	PART II. Other algnificant condition	a contributing to	death but not reaulting	ng in the un	derlylng	cause given l	n Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	Chimic Bas Aratal Hun	uh.	a morale					1 TYES 2	NO	OF	MPLETION OF CAUSE DEATH? YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C	check only o	ne)			
YSIC	1 TYES 2 NO	HOSPITAL:	ER/Outpetient 3 DO	OTHER		e 8 🗆 Residence	6 🗆 Othe	er (Specify)			
ву Рн	27. MANNER OF GEATH  1 Netural 5 Pending 2 Accident Investigation	28e, DATE OF I (Month, De	y, Year)	TIME DF INJURY M	1 🗆 1	RK? /ES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	FINJURY — At home, far atc. (Specify)	m, street, facto	ory, office	•		or Town, State)	and Number or	Rural Routi	e Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE		my knowledge, death occamination and/or investig							euse(s) an	nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MUST	(			29c, LICENSE N				TA LO	96 Weer)
	30. NAME AND ADDRESS OF PERSON WH	PO BOX	PS SIGNATURE	SYKE	SVILL	E Mc	,	21784			
	APR 23 '90	32. REGISTRAF	s signature	indell							

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	ATE OI	FDEATH	REG. NO		
1. OECEDENT'S NAME (First, Middle, Last) ROLAND	MURRAY				2. DATE OF DEATH D. APRIL 26	1990 YEAR	3. TIME OF OEATH 11:14 a.m.*
4. SOCIAL SECURITY NUMBER 212-24-7259	5. SEX 6. AGE (	, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 12-11-1	8. BIR Cou	THPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give atm		9		OR LOCATION OF DE	HTA	9c. COUNTY OF	OEATH
JOHNS HOPKINS H	OSPITAL		ВА	LTIMORE C	ITY	BALT	IMORE CITY
Md. Balt	imore City		cimor				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2808 Erie Aven	ue			21234		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	ECENDENT OF HISPAN apocify Cuban, Maxica ES 2 D NO Specifi		Bio	CE — American Indian, ack, White, etc. ecity: White
15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use if	BUAL OCCUPA k done during i	TION most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondery (0-12)  11 th grade	College (1-4 or 5+)	Machine		rator	Gould		
17. FATHER'S NAME (First, Middle, Last)  Norman E. Murr	a y				ME (First, Middle, Meiden R. Snyd		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Martha Balecki	200	2808 E			timore,	Md. 21	
20. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 Ramo  1 Danation 5 Other (Specify)	val from State	nydersbu	irg C	emetery		mpstea	
21, SIGNATURE OF FUNERAL SERVICE DIC	Elsie	)		AND ADDRESS OF FA	CILITY Eline	Funer	al Home
> 29 even	•						, Md. 21074
23. PART I. Enter the diseases, or canock, or heart failure. Learning in dark)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dark) LAST	OUE TO (OR AS A			A.S.	n as columb of resp	natory arreat,	Approximate Interval Between Onset and Death
Meningwaa  Meningwaa  Meningwaa	contributing to death t	Out not resulting in	the underly	ing ceuse given in	Part i. 24e. WAS AF PERFO 1 YES	RMED?	Ab. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C)	neck only one)		
EXAMINER?	HOSPITAL:		OTHER:	ome 5 - Residence			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, str cify)			281. LOCATION (Street City or Town, State		al Route Number,
CONOCK ONLY	CIAN: To the best of my know						e(s) and manner sa stated.
296. SIGNATURE AND TITLE OF CERTIFIER	2	1415		29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, F	Print)	11	\ 1		100170
JON WEIN  31. DATE FILEO (Month, Day, Year)	-1011	JOHNS	ton	cins la	espital		
ADD 27'90	2. REGISTE ANG SIG	laur doon-hand	0		Ŧ		

If by the hospital or attending physician.

The detached for use as the burial-transit permit. Pages 1, 2, 3 should

**TLAND 21203-3146** 

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATRIBUNG PHYSICIAN: The law requires that the death centificate be executed within 2-riours after death. Page 17 or the FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral page 18 or certificate has been signed by the attending physician and completely filled in by the funeral page 18 or certificate has been at the death with the State Deft. of Health and Mental Hyghere prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

21203-3146

BALTIMORE, I

age	dire		-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is
after	y the	<b>INOVal</b>	cal
SITI	in b	r rec	redi
17 E	filled	00,0	he n
thin	stely	mati	1, 1
d wi	эрф	. cre	ever
cute	90 Pu	ouria	tic
9 600	an a	of J	E
ate b	ysici	prior	ta
rtific	d b	plene	the
th ce	endir	Hyd	10
deal	e att	lemta	my.
t the	by th	nd N	E
s tha	Ded	uth a	any
quire	n sig	f Hee	OWS
W re	bee	pt. o	3 84
he la	has	e De	E 2
N: T	ficate	Stat	Ite
SICIA	Certi	the	, 0
PHY	this	with	rked
BNI	After	teath	E
TEND	OR:	fler (	8 18
A A	RECT	Irs a	E 2
L 06	LOI	2 hos	5
SPITA	ERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H.H
£	FUN	with	TAN
置	黑	filed	POR
2	2	2	Ξ

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE STATE REGISTRAR	TATE OF MARYLAN	ID / DEPAR Certif					YGIENE EG. NO.	30	12990
		cIver					2. DATE OF D	EATH DAY	YEAR 3	OOS6 M
		QM2□F 8	rs. lest birthday) YRS.		YEAR IF UNE DAYS HOURS			28/06	Country)	ACE (State or Foreign
CTOR	RESIDENCE OF DECEDENT	-eneral Ho	spital	We	5+m	inst	Ler MI		Carro	
DIRECTOR	Maryland Carro	11		INKS	burg	m	D		1	6d. INSIDE CITY LIMITS?
FUNERAL	2601 Sunset					104			US +	4
ВУ	11, MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, OIVE WAR OR OATE	2 NO	H:		ban, Mexica	n, Puerto Rican	ecity Yes or No— , etc.)	14, RACE - Black, 1 Specify:	- American Indian, White, atc.  White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)  Co	ollege (1-4 or 5+)	Give kind of life. Do NOT u	work done du se retired.)	ring most of wo			OF BUSINESS/I	NDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) William McIver			0 0,0	18. M	OTHER'S NA		, Maiden Surname	)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (				Ity or Town, State,	Zip Code)	
7	Peter McIver, I		1008	Barr	ymore	Dri	ve, B	el Air	, MD	21014
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal	from State 20b. P	ther place) Zior					20c. LOCATION		
	4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LICENS		· LIOI	22, N	AME AND ADD	RESS OF FA		Finks		
	Robert K. Pr	sitta Sn						Home &		el nster. MD
	23. PART i. Enter the diseases, or com shock, or heert failure. List	plications that caused t	he desth. Do							Approximete intervel Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	A CUI	e M		Covo	lia	100	yerd	NOT	Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C		0				7		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE O	PF):						
MEDICAL	PART II. Other aignificant conditions or	ontributing to death but			erlying caus	e given in		. WAS AN AUTOPS PERFORMED?	6	VERE AUTOPSY FINDINGS WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	F DEATH (Ch	neck only one)			
SIC		OSPITAL:   Japantent 2   ER/Outpati	ent 3 🗆 DOA	OTHER:		Residence	6 Other (Sp.	eclfy)		
	27. MANNER OF DEATH  1 Defection 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIII	JURY 2	8c. INJURY AT WORK?		28d. DESCRIE	BE HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY — building, etc. (Specify	At home, farm,	street, factor	1 YES 2	Z   NO	28f. LOCATIO City or To	N (Street and Num wn, State)	ber or Rural Ro	ute Number,
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DOCUMENT OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF	I: To the best of my knowled in the basis of examination e								and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	U Mass	ame		29c. l	LICENSE NUI	MBER	29d. D	ATE SIONED	Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO CO	, ,			00 A	bas	lerd	west	min	190 191021197
	31. DATE FILED (Month, Day, Year) APR 26 '90	32 REGISTRAR'S SIGNAT				•				7

open maney" to be a mine

perfect to the first that the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second

101

. .

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last)			10/112	- 01		2. DATE OF MONTH		,	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Bertha					4	14	1	90	9 a.m. M
177-20-4309	1 M 2 KF 93	(In yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS MIN.	7. DATE OF (Month, D) Aug.		96	Counti	PLACE (State or Foreign ry) nsylvania
9a. FACILITY NAME (If not institution, give s			9b. CITY,	TOWN O	R LOCATION OF D	EATH		9c. COU	NTY OF D	DEATH
Berlin Nursing Ho	me		Ве	erli	n			Word	cest	er
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Υ	10c, CIT	TY, TOWN O	OR LOCATI	ON					10d. INSIDE CITY
Maryland Worce	ster	0ce	an C	itv						LIMITS?
10e. STREET AND NUMBER					ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
111 B Newport Bay	Drive			2	1842			USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	- 3	If yes, spe	INDENT OF HISPAI city Cuban, Maxica 2 NO Specif	in, Puerto Rice		or No—	Blac	E — American Indian, k, White, atc. White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OC	CCUPATIO	N	16b. K/I	ND OF BUSI	INESS/IND		
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work gone o	aunng mos	t or working					
12		Homemak	er			Own	1 Home	e		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
Barnett Benjamin					Rebecc					
190. INFORMANT'S NAME (Type/Print) Edward J. Moss					Drive,					nd 21842
201/ METHOD OF DISPOSITION	20	A PLACE OF DISPO	SITION (Alm	me of com	olony oromotony or	occan				own, State
1 🗗 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗀 Other (Specify)	ioval from State	other place) ontefior	e Cer	neter	гу		Phila	ade1	phia	, PA
21. SIGNATURE OF PUNERAL SERVICE U	CENSEE CENSEE	1	I	Hast:	ngs Fun yville,	eral H		1997!	5	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Advar DUE TO (OR AS	A CONSEQUENCE OF TENSION A CONSEQUENCE OF	ge of:		emes	ntia				Onset and Daath
PART II. Other significant condition	na contributing to death i	but not resulting	In the un	nderlying	cause given in		La. WAS AN A PERFORM	WED?	248	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (C)	heck only one)				
1 TYES 2 NO  27. MANNER OF DEATH	1   Inpetient 2   ER/Out		4 Nun	sing Home	5 🗆 Residence	_				
27. MANNEH OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TR	ME OF JURY M	28c. INJU WOI 1 Y	IRY AT RK? ES 2 NO	26d. DESCR	IBE HOW IN	JURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, sc/(y)	street, fact	lory, office		28f. LOCATION OF T	ON (Street ar Town, State)	nd Number	or Rural	Route Number,
one) 2 MEDICAL EXAMIN	BICIAN: To the best of my know ER: On the basis of examination				eath occured at the	time, data an		due to th	ne cause(	
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)		29c. LICENSE NU	987		11.		0 (Month, Day, Year) 4-90
DR Albert D 31. DATE FILED (Month, Day, Year)	a can ay	309 T	immo	ns	St. Sno	ow Hi	11, 1	Md.2	2186	53
APR 16 '90 3	32. REGISTRAR'S SIGNAL DAVIDSON-PR	mobile.								

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MADYLAND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OIRIE OF MAINEN		ICATE OF			G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				_	2. DATE OF DE	LATM .	13-90	3. TIME OF DEATH
	LEO M	CFADDEN I	eo McI	Fadden		MONTH	/3	13-349	0340 H
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		8. BIRTI	IPLACE (State or Foreign
	217-22-4304	1 4 2 F	YRS.	MONTHS DAYS	HOURS MIN.	SEPT, 27		OR MAR	YLAND
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN (	OR LOCATION OF I			COUNTY OF D	
۳ ا	DOPLITESTE	OR GEN		CAM	BRIDGE	_	~	DORG	tESTER_
DIRECTOR	RESIDENCE OF DECEDENT	,,,,		07777	00100-		1 1		
#	10s. STATE 10b. COUNT	TY	10c, CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
<u>a</u>	MARYLAND	WICOMICO	MA	RDELA SE	RINGS				1 YES 2 X NO
A	10e. STREET AND NUMBER				. ZIP CODE		10	g. CITIZEN OF V	WNAT COUNTRY?
띮	RT 1, BOX 843				21837		- 1	U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED		ENDENT OF HIPP			14. RACI	E American Indian, k, Whila, etc.
	1 Never Married 2 Married	FORCES? 1 XYES IF YES, GIVE WAR OR DAT			ecify Cubert, Maxie		etc.)	Spec	MILES HE
BY	3 Widowed 4 Divorced	ARMY WWII							WHITE
삘	15. DECEDENT'S ED (Specify only highest grad	UCATION Je completed)	(Give kind of	USUAL OCCUPATION		16b. KIND	OF BUSINE	SS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)					
M M	11 YEARS	NO	EMPLO	YEE		R.A	AILROA	\D	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Malden Sum	ame)	
BE	LEO C	McFADDEN			GERTR	UDE	MARY	S	HERMAN
6	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	l Route Number, Cit	y or Town, St	ate, Zip Code)	
F	PATRICIA BRITTII		RT 1,	BOX 843	, MARDE	LA SPRIN	NGS, M	ID 218	37
	20s. METHOD OF DISPOSITION 4	14/90 206.	other place)	SITION (Name of ce			20c. LOCATI	ON City or To	own, State
	4 Donation 5 Other (Specify)	/SA	LISBURY	CREMATO	RY		SALIS	BURY,.	MD
	21. SIGNATURE OF PONERAL SERVICE L	oceanie //	1	22. NAME A	WAY FUN	ACILITY DAT UON	ATE DA		
	· M. Val	2 -At 00	/		NOW HIL		-	IDV MD	21801
- 87	23. PART I. Enter the diseases, or	complications that caused	the death Do						Approximate
	shock, or heert fellure	. Liet pniy one ceuse on eac	th line.					ny siteat,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	1/11/10/	400/1	Myocar	dial li	ntarct:	ion		Onset and Death
	resulting in deeth)	S. MYDC	MKUM	7 //	UPMZE	11000			45 MIN
		ASC I	ONSEQUENCE	ASCVD					UDC
ON	Sequentielly list conditions,	b. DUE TO (OR AS A C	CONSEQUENCE O						1/10
E	if any, leeding to immediate cause. Enter UNDERLYING								į l
윤	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS A C	CONSEQUENCE O	PF):					_
CERTIFICATION	resulting in death) LAST	ial							
빙		0.							
AL	PART II. Other aignificant condition				g ceuse given i	n Part i. 24a.	WAS AN AUT		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	HLCOITOLISM,	1 , 138/17	DINC	KER		10	YES 2	NO	OF DEATH?
W	_Alcoholism.	BPH, Smoker	•						1 _ YES 2 _ NO
ä	· · · · · · · · · · · · · · · · · · ·	,							
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (	Check only one)			
SIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Oulpet	tient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidenc	6 Other (Spe	ctfy)		
ξĺ	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIR		JURY AT ORK?	28d. DEŞCRIB	E HOW INJU	RY OCCURED	
BY F	1 Natural 5 Pending		""		YES 2 NO				
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm,	street, factory, offic	:8			Number or Rural	Route Number,
凹	4 Homicide determined	building, atc. (Specifi	y)			City or Tow	n, Stete)		
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowle	dae deeth occur	and at the time, date	and place and d	in to the enuncial		an abstant	
M	ana)	NER: On the basis of examination							e) and menner as stated
8				on, many opinion,					
出	29b. SIGNATURE AND TITLE OF CERTIFI	Hubert	Fiery	, M.D	29c. LICENSE N	UMBER	29	d. DATE SIGNED	(Month, Day, Ybar)
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CALLED OF THE	TH ATEN AT C	/ Print)	11/10	1113		7/1	2/70
	SU. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF DEAT	(I EM 27) (Typ)	e, Print)	21/0	W 51	7	1 Ami	BRIKE W
2	31. DATE FILED (Month Day, Year)	32. REGISTRAR'S SIGNA	(M.I)	500	13416	W 01	(	_1/1/1/	June M
	APR 1 6 90	Si lia Davidson-Ro	molete						

e = - 4

	REGISTRAR		CI	ERTIF	ICATE	E OF	DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last	)							2. DATE MONTI	OF DEATH	W	RASY	3. TIME OF DEATH	Н
1	MARY	KATHRYN			LLER		Y		4		11	90	9:17	P
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS	DAYS	HOURS	MIN.	(Monti	OF BIRTH I, Day, Year)		8. BIRTI Count	HPLACE (State or For try)	reign
1	139-34-6597	1 □ M 2 XXF	82	YRS.						IL 4,1			SOURI	
	9e. FACILITY NAME (If not institution, give						DR LOCATI		EATH		1,01	NTY OF C		
	SALISBURY NURSING	HOME			SALI	SBU	RY, N	AD.			W.	ECOM:	100	
1	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
ı	MARYLAND	WICOMICO			SAL	ISBU	RY						LIMITS?	NO
1	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
	RT 50 & CIVIC AV	E					218	0.1				US	Δ	
1	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC			NIC ORIGIN	I? (Specify Yee	or No-		E — American India	n,
	1 Never Married 2 Married  Married 2 Married  Divorced	FORCES? 1	YES 2 X	NO	100	It yes, sp		in, Mexica	n, Puerto	Rican, etc.)		Spec		
	15. DECEDENT'S EC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b	KIND OF BUS	SINESS/IN	DUSTRY		
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 -	iffe	a. Do NOT u	work done (se retired.)	aunng ma	IST OF WORK	ng						
	12 YEARS	NO	F	REALT	OR					REAL	ESTA	TE		
	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	AME (First, I	Middle, Malden	Sumeme)			
	HARRY		STOR	RY			VE	RA			MA	GGAR	2D	
	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
	DORETTE MURRAY		5	519 N	. PI	NEHU	RST	AVE,	SAL	ISBURY	, MD	21	801	
	20a METHOD OF DISPOSITION 4/1	14/90	20b. PLACE other p	OF DISPO	SITION (No	ame of cer	metery, crea	matory or		20c. LO	CATION -	City or T	own, State	
	4 Donation 5 Other (Specify)	1	GREE	ENWOO	D CE						NTON	, NJ		
ŧ	21. SIGNATURE OF FUNERAL GERVICE	LICENSEE			22. H	NAME AL	ND ADDRE	SS OF FA	RAT.	HOME, P	Α			
Ĺ	· WRA	1/1	11.							SALIS		. MD	21801	
	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Se	OR AS A CONSE	OL GUEHCE C	esc	- of	(ia							
		d. 75	Reut	Long										
	PART II. Other significant condition	ons contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	24	b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C DF DEATH?	TO
1	25. WAS CASE REFERRED TO MEDICAL	1				26 0	ACE OF I	DEATH (C)	heck only o	1				
	EXAMINER? 1 YES 2 NO	HOSPITAL:	T EDIO. A. Maria		OTHE	R:								
	27. MANNER OF DEATH	1 Inpetient 2		28b. Til	_		JURY AT	leeldence	8 Oth	SCRIBE HOW	INJURY OF	CHRED		
differen	1 Netural 5 Pending 2 Accident Investigatio	(Month, E	Day, Year)	110	JURY M	1 🗆	YES 2	□ NO						
	3 Suicide S Could not to determined	28e. PLACE C building,	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	tory, offic	00			ATION (Street or Town, State)		er or Rural	Route Number,	
	anal	YSICIAN: To the best of											(s) and manner as s	tated.
	296. SIGNATURE AND TITLE OF CERTIF	nes					29c. LfC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	-
	III ATO	WHO COMPLETES S.	ICC OF CEATURE	Pag 67 -			0	2)	34	9	•	4/1	2/90.	
- 11	30. NAME AND ADDRESS OF PERSON							,				/ /		
							_	P 9			9 00 00 -			
	WILLIAM ROBINS,  31. DATE FILED (Month, Day, Year)		04 Healt	hway	Dr:	ive,	Sal	isbu	ry, l	Md. 2	1801			



IMPORTANT. It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
		C	<b>ERTIFICATE</b>	OF	DEAT	TH		REG. NO.

	1 - FOR STATE OF MAR	STATE STATE OF MARI LAND / DEPARTMENT OF REALTH AND MENTAL HTGIENE					
	1. DECEDENT'S NAME (First, Middle, Last)  ROSS JAMES	McI	_	2. DATE OF DEATH DAY	1990	3. TIME OF DEATH  1920 M	
TO BE COMPLETED BY FUNERAL DIRECTOR		70 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.  OAYS HOURS MIN.  TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 12-22-191	Country	ryland	
	Peninsula General Hospital Salisbury, MD Wicomico						
	10e. STATE 10b. COUNTY  Maryland Somerset  10e. STREET AND NUMBER	10c. CITY, TOWN Prince	ess Anne		0g. CITIZEN OF W	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	Route 1	101.			U.S		
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT EVER IN U.S. ARMED  14. WAS DECEDENT EVER IN U.S. ARMED  15. WAS DECEDENT EVER IN U.S. ARMED  16. WAS DECEDENT EVER IN U.S. ARMED  17. WAS DECEDENT EVER IN U.S. ARMED  18. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  10. WAS DECEDENT EVER IN U.S. ARMED  10. WAS DECEDENT EVER IN U.S. ARMED  10. WAS DECEDENT EVER IN U.S. ARMED  10. WAS DECEDENT EVER IN U.S. ARMED  11. WAS DECEDENT EVER IN U.S. ARMED  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT EVER IN U.S. ARMED  14. WAS DECEDENT EVER IN U.S. ARMED  15. WAS DECEDENT EVER IN U.S. ARMED  16. WAS DECEDENT EVER IN U.S. ARMED  17. WAS DECEDENT EVER IN U.S. ARMED  18. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S. ARMED  19. WAS DECEDENT EVER IN U.S			S DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-es, specify Cultur, Mexican, Puerto Rican, etc.)			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)	16e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired.)  Farmer	e during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Lest)						
	Harry Anderson McIntyre Lillie Ross						
	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	Mrs. Hattie McIntyre Route 1, Princess Anne, Md. 21853						
	1 Deuriel 2 Cremetion 3 Removal from State	Surial 2 Cremetion 3 Removal from State other place)					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home Princess Anne, Maryland 21853						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate						
	shock, or heart fellure. List only one cause on each line.				Interval Between Onset and Death		
Z	DUE TO (OR AS A CONSEQUENCE OF):  Attusselectic Careliolaumen Duin YKS					YKS	
BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):						
	resulting in death) LAST						
	PART II. Other algorificant conditions contributing to dea	th but not resulting in the t	underlying cause given in	Part I. 24e. WAS AN AU PERFORME 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	1 YES 2 NO						
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)						
	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)						
	1 Neturel 5 Pending (Month, Dey, Ye 2 Accident Investigation	Investigation " 1 TES			28d. DEŞCRIBE NOW INJURY OCCURED NO		
03	3 Suicide 8 Could not be determined 28e. PLACE OF IN. building, etc.	ectory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFIED PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.						
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Muld M Umm M.		W331	29c. LICENSE NUMBER  29d. DATE SIGNED (Morith, Day, Year)		,	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  PEHM C Donald M. Wood, M.D Salisbury Md 21801  31. DATE FILED (Morith, Day, Your)  32. REGISTRAR'S SIGNATURE						
	J. C. Navida Annalle						

1 feet-1

1.0

THE FRANCE

Carrier Transport

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

nerge 3